BUCKINGHAMSHIRE

THE HEALTH OF THE COMMUNITY

1969

WINSLOW HEALTH CENTRE

COMMUNITY HEALTH AND NURSING TEAM, OAKFIELD SURGERY, AYLESBURY

left to right:- District nursing sister, health visitor, midwife, general practitioner and male district nurse

BUCKINGHAMSHIRE COUNTY COUNCIL

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

COUNTY WELFARE OFFICER

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1969

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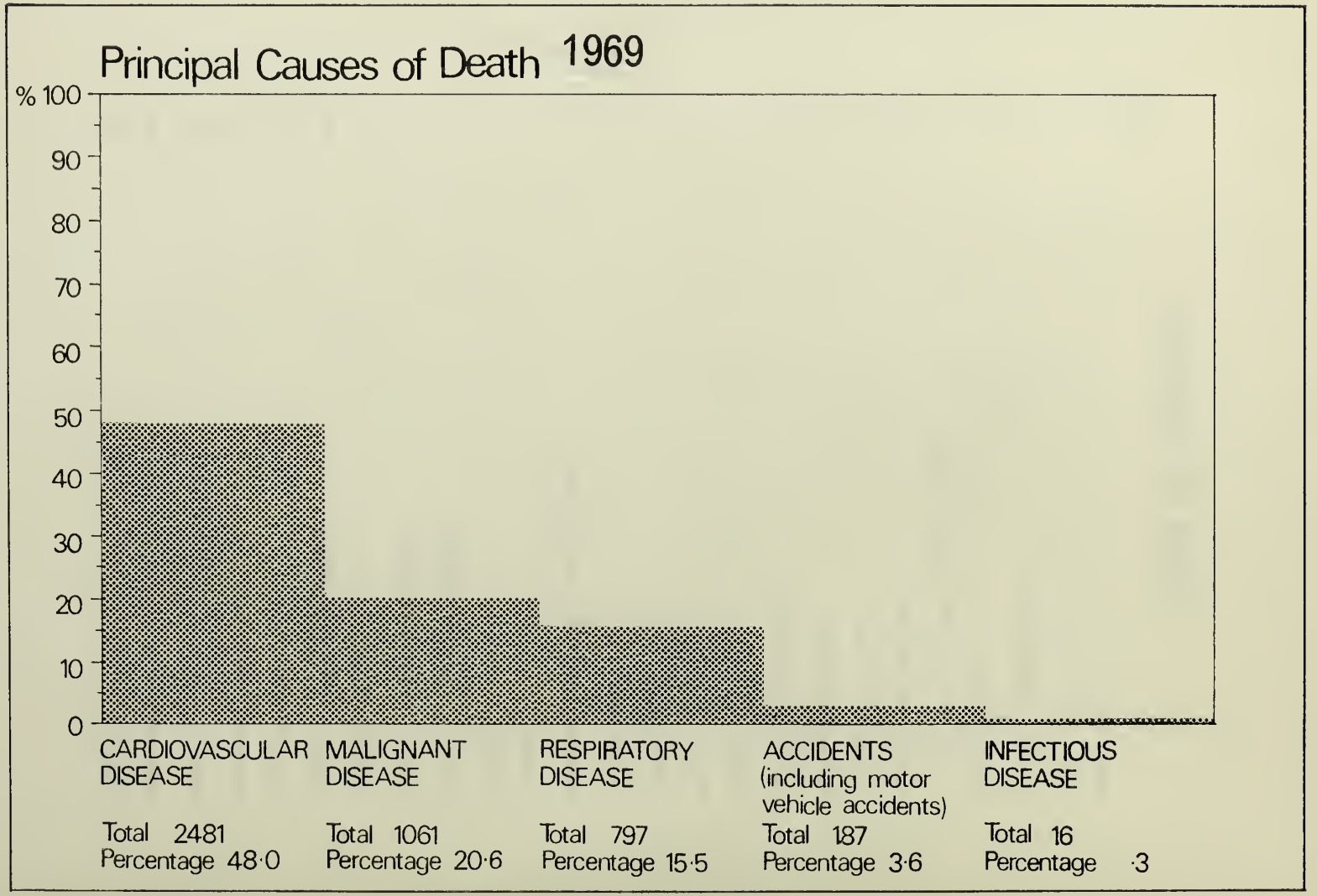

Principal Causes of Death 1969
% 100
90
80
70
60
50
40
30
20
10
0
CARDIOVASCULAR DISEASE
Total 2481
Percentage 48·0
MALIGNANT DISEASE
Total 1061
Percentage 20·6
RESPIRATORY DISEASE
Total 797
Percentage 15·5
ACCIDENTS (including motor vehicle accidents)
Total 187
Percentage 3·6
INFECTIOUS DISEASE
Total 16
Percentage ·3

BUCKINGHAMSHIRE COUNTY COUNCIL

July, 1970.

To the Chairman and Members of Buckinghamshire County Council.

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have the honour to present my third annual report, which covers the work of the County Department of Health and Welfare and of the School Health Service for 1969. During that year a large volume of work was performed by the staff of the department, and while this report gives some impression of the wide scope of this, it does not pretend to present a complete picture of all aspects.

It is hoped, however, that members of the County Council, as well as the many others who read this report, will gain some impression of the diversity of tasks carried out on behalf of the community by the staff concerned.

Health of the community

Although smaller than in the previous year, the increase in population of more than 10,000 was substantial and accounts for part of the steady rise in demand for services of the Department of Health and Welfare, details of which will be found throughout the report.

It is pleasant to record that the infant mortality rate (the number of infants born alive but dying before reaching their first birthdays) reached a record low level of 13 compared with an overall figure for England and Wales of 18 per 1,000. On the other hand, the principal causes of death amongst the population in general remained essentially similar to those described in my report for 1968, the position being represented diagrammatically on the opposite page. Drawing attention to this pattern last year, I stressed the importance of cigarette-smoking as the biggest single preventable cause of death in this country, and I must repeat my plea to members of the public to take steps in order to protect their own health. A particularly heavy responsibility falls upon parents, as it has been amply demonstrated that the chances of their children becoming smokers is directly related to the smoking habits of their parents.

Once upon a time it was possible to achieve some measure of improvement in the public health through legislation on such matters as the control of infectious disease, but if modern health problems are to be conquered, as sooner or later they must be, there is urgent need for the public at large to make positive efforts so to adjust their habits and ways of life as to avoid preventable illness. This calls for definite and sometimes difficult decisions on such matters as eating habits, smoking, and exercise. Pointing out these truths may not be popular, but any medical officer of health who fails to do so and whose department is not geared towards presenting health facts to the public would be failing in his primary duty of trying to prevent disease, disability and death.

School health

This report includes an account of the developments in the school health service during the year and also refers to various changes which were suggested in order to fit the service more appropriately for its present and future roles. Like so many public health activities, the school health service began as a stop-gap measure when an inter-departmental committee, set up to enquire into the large number of young men found unfit for service in the South African war recommended, inter alia, that steps should be taken to secure the medical inspection of schoolchildren.

It will be seen from the present report that the state of health of the vast majority of young people in the county's schools is satisfactory, and it is for this reason that a redirection of effort is now taking place in the school health service. This involves a move away from inappropriate emphasis on routine medical examination, so that available medical and nursing resources can be more effectively applied to the task of health education and to helping the minority of children who require careful investigation. The future of the school health service lies in this work, with its associated concentration on children requiring medical or educational help in order to ensure that their full potential can be realised.

Welfare services

The section of the report dealing with the work of the welfare division of the department gives some impression of the substantial range of services supplied, and emphasis should perhaps be laid on the need to develop still further those facilities concerned with the care of the elderly.

The staff of the Department of Health and Welfare are concerned with this vulnerable age group in many different ways. For the old person living at home, nursing, social work, domiciliary meals and other services may be required. For those who require accommodation in purpose-designed sheltered housing, responsibility rests primarily with county district councils, but the County Health Committee nevertheless pays a subsidy towards appropriate units of accommodation. If a higher level of care is required, the old people can be admitted to one of the county's old people's welfare homes, of which there are now 21 with a total of 845 places. There is, however, still a substantial waiting list of the elderly requiring such care, and it has been a matter of great disappointment that the Department of Health and Social Security have been unable to sanction the building of a sufficient number of homes to meet the steadily increasing need.

For the most handicapped old people, hospital facilities are frequently required, either in the form of day-care or residential accommodation in a geriatric or a psycho-geriatric unit. In the case of day-patients, the county ambulance service is substantially involved, whilst for those requiring in-patient accommodation useful liaison is maintained between county services and hospitals by means of the joint appointment of consultant geriatricians.

Other developments

A notable event of the year was the completion at Winslow of the county's first health centre, in which are accommodated both general practitioners and health department staff. The importance of health centres lies not in their bricks and mortar but in their ability to bring together a full health team to ensure a high standard of care amongst members of the community served from the health centre. This important landmark was subsequently honoured by Her Majesty's Lieutenant for the county, Major J. D. Young, who performed the official opening ceremony. The county now has a long-term programme for the building of health centres, and it should be possible to report further progress by the time my report for 1970 comes to be written.

During the year the county also appointed its first chief nursing officer to co-ordinate the work of all health visiting, nursing and midwifery staff. This was a step towards ensuring team-work and the best use of scarce resources of skilled personnel, the first incumbent of this post being Miss Esmé Few, who came to Buckinghamshire having held a similar appointment with the County Borough of Reading. Tribute must also be paid to the outstanding service rendered for no less than fifteen years by Miss D. T. N. Cole, whose period of service as Superintendent Nursing Officer was marked by a presentation by members of staff on her retirement in May. During her term of office Miss Cole did much to develop the nursing services in the county and was a highly respected member of the department.

It is not possible to deal with all aspects of development in this prefatory letter, and reviews of various services, including chiropody and speech therapy, will be found in the text of the report. It is, however, worth recording that the policy of regular replacement of ambulance vehicles adopted during 1968 began to show the benefits which were to be expected during the year under review, with a resultant increase in efficiency of the ambulance service.

A major reorganisation of the administration of the department was carried out with the object of simplifying the structure by replacing the eleven independent sections of varying size by three broad divisions dealing respectively with health, welfare and administrative services. In addition, the year saw the beginning of a study of the work of the department by the management series team.

Milton Keynes

Throughout the report references will be found to the planning work which was undertaken during 1969 in preparation for the development of the new city of Milton Keynes. As was explained last year, Milton Keynes presents an opportunity to think afresh about the provision of health services, and in particular, to make the best use of limited resources of manpower and money. The work of planning went ahead steadily throughout the year and was a co-operative effort involving the hospital service, general practitioners, members of the Department of Health and Welfare, as well as many others. Tribute must be paid to the numerous members of the health services who gave freely of their spare time in order to assist in this important task.

In an appendix to this report (page 143) there will be found a reprint of a paper which was published in "The Medical Officer" on 4th April 1970 and which is reproduced here by kind permission of the Editor. It was prepared for a conference held in December 1969 under the chairmanship of Sir George Godber, Chief Medical Officer of the Department of Health and Social Security, and the paper seeks to trace the evolution of health service planning in new towns, as well as describing the administrative structure which has been evolved at Milton Keynes. It might be added that substantial interest has been shown both nationally and internationally in what is taking place in preparation for the establishment of a comprehensive health service in Milton Keynes.

Future prospects

As was recorded in last year's report, Mr. Kenneth Robinson, before giving up office as Minister of Health, published a Green Paper and this was in due course followed by a second one produced by his successor. It was my intention to comment upon this latter document but, in view of the recent change of government, there seems little point in doing so as the future of the National Health Service seems likely once more to be put back into the melting pot.

There is a limit to the uncertainties to which individuals in an organisation can be subjected without resultant irrevocable damage to morale, and that state is rapidly approaching in certain sectors of the health services. This is particularly true of those employed in the local government health services. Historically these began, as has already been mentioned in connection with the school health service,

as a series of stop-gap measures in former patterns of medical care but, in recent years, they have become increasingly involved in co-ordinating the provision of such care, working with the general practitioner service on the one hand and with hospitals on the other. Much has been achieved, but full co-ordination will be possible only within a unified administrative structure, and the longer this is delayed the greater will be the frustration of many public health staff.

It is therefore not surprising that uncertainties about the future administrative structure of the National Health Service and also about the future of local government have tended to produce unrest amongst those working in local authority health services. In addition, the recent passing of the Local Authority Social Services Act will in due course lead to substantial changes in Buckinghamshire which has hitherto been an authority in which health and welfare services were amalgamated. When the welfare services become part of the responsibility of a new social services department it will be of supreme importance to ensure that the closest possible co-ordination continues to exist between the latter and the County Department of Health, or whatever its successor may be in an administratively unified health service. I am sure that such co-ordination can be achieved, and it is important that this should happen, as otherwise the principal sufferers will be those members of the community in greatest need of help.

If the staff of the Buckinghamshire and similar departments of health and welfare are to be in the best position to provide a high standard of service to the public my plea is that the current uncertainties which I have described should be resolved as rapidly as possible by central government action. Unless a clear indication about the future administration of the National Health Service is forthcoming within the next few months it is difficult to escape from the conclusion that both morale and recruitment will suffer, and these are things which the public health service cannot afford in its present state of limbo.

Acknowledgments

As usual I have been grateful to many people during the year for their help and support in a period which has, in many ways, been a difficult one. It would be appropriate here to refer to the retirement of Dr. A. Stephen Hall, the County Consultant in diseases of the chest, and of Mr. P. J. Clarke, Chief Staff Assistant. Dr. Hall was engaged for many years in his work of combating diseases of the chest during the classical period in which tuberculosis was substantially brought under control only, unfortunately, to be replaced by lung cancer, and his advice to myself and to my predecessor was always most highly valued. Mr. Clarke, who joined the staff of the Department in August 1926, gave forty-three years of valuable service, interrupted only by the war years when he was with H.M. armed forces. It is with pleasure that I record my deep appreciation of his work.

I must also thank many members of the staff of the Department of Health and Welfare for their continued loyalty and they, in turn, will join me in expressing our gratitude to the Chairmen and members of the committees responsible for the health, welfare and school health services of the county. In conclusion I would also like to acknowledge my debt to Mr. A. D. H. Ridpath for once again having undertaken the responsible task of preparing and editing the contributions produced by numerous authors for inclusion in this report.

I have the honour to be,

Your obedient servant,

J. J. A. REID,

County Medical Officer of Health, County Welfare Officer and Principal School Medical Officer

STAFF

County Medical Officer of Health, Principal School Medical Officer and County Welfare Officer:

J. J. A. Reid, T.D., M.D., B.Sc., F.R.C.P.E., M.R.C.P., D.P.H.

Deputy County Medical Officer of Health, Deputy Principal School Medical Officer and Deputy County Welfare Officer:

I. G. Yule, M.B., Ch.B., D.C.H., D.P.H.

Area Medical Officers and Divisional School Medical Officers:

M. A. Charrett, M.R.C.S., L.R.C.P., D.P.H. (*also Medical Officer of Health, Borough of Slough, Urban District of Eton and Rural District of Eton*).

P. Lavis, M.B., Ch.B., D.P.H. (*also Medical Officer of Health, Borough of Buckingham, Urban Districts of Bletchley, Newport Pagnell and Wolverton, Rural Districts of Buckingham, Newport Pagnell and Winslow*).

A. J. Muir, M.B., Ch.B., B.Hy., D.P.H. (*also Medical Officer of Health, Borough of High Wycombe, Urban District of Marlow and Rural District of Wycombe*).

A. W. Pringle, B.A., M.B., B.Ch., B.A.O., D.P.H. (*also Medical Officer of Health, Borough of Aylesbury, Rural Districts of Aylesbury and Wing*).

Principal Medical Officers:

Dulcie G. Gooding, M.B., B.S., D.P.H.
Patricia Herdman, M.B., B.S., D.P.H.
J. P. Hutchby, M.B., B.Ch., B.A.O., D.P.H., D.I.H.

Deputy Divisional School Medical Officer:

B. H. Burne, M.R.C.S., L.R.C.P., D.P.H. (*also Medical Officer of Health, Urban Districts of Beaconsfield and Chesham and Rural Districts of Amersham*).

Departmental Medical Officers:

Elinor W. Adam, M.B., Ch.B. (*part-time*).
Frances E. Anderson, M.B., B.Chir., D.Obst. (*part-time*).
Elizabeth O. Aston, L.M.S.S.A. (*part-time*).
Susan F. Barnes, M.B., B.Ch. (*part-time*).
Lilian F. C. Beattie, M.B., B.S.
Angeliki Bianchi, L.R.C.P.I., L.R.C.S.I. (*part-time*).
C. B. Butcher, M.B., Ch.B. (*part-time*).
Anne J. Butler, M.B., B.Ch., B.A.O. (*part-time*).
Eleanor M. Clarke, M.B., B.Ch., D.Obst. (*part-time*).
Davina C. Embleton, M.B., B.S., D.C.H., D.Obst. (*part-time*).
Roberta Evans, B.Sc., M.B., B.Ch., D.Obst. (*part-time*).
A. V. Gillespie, M.B., B.Ch. (*part-time*).
Jenny P. Gillmor, M.B., Ch.B., D.P.H. (*part-time*).
P. J. Joy, M.B., B.S., D.A. (*part-time*).
Mary I. McArthur, M.B., Ch.B., D.P.H.

URSULA M. MURPHY, M.B., Ch.B. (*part-time*).
AUDREY MYANT, M.B., B.S., M.R.C.P., D.P.H. (*also Deputy District Medical Officer of Health*).
K. J. O'CONNOR, M.R.C.S., L.R.C.P. (*part-time*).
ELIZABETH M. A. PLACE, M.B., Ch.B. (*part-time*).
MARJORIE REID, M.B., Ch.B. (*part-time*).
DIANA M. RILEY, M.B., B.S. (*part-time*).
WINIFRED J. RISK, M.B., Ch.B. (*also Deputy District Medical Officer of Health*).
MARY W. SCOTT-CLARKE, M.B., Ch.B., D.P.H. (*part-time*).
W. G. SHAKESPEARE, M.B., B.Ch., D.C.H. (*part-time*).
MARY SHEPHARD, M.B., Ch.B. (*part-time*).
G. F. SLOCOMBE, M.B., B.S., D.P.H. (*Senior Assistant; also Deputy District Medical Officer of Health*).
ELIZABETH M. STANDEVEN, M.B., Ch.B. (*part-time*).
EVELYNE E. SUMMERS, M.A., M.B., Ch.B. (*part-time*).
JOSEPHINE H. TEW, B.M., B.Ch., D.C.H. (*part-time*).
MARY R. VENNING, B.M., B.Ch., D.P.H. (*part-time*).
R. L. WALMSLEY, M.A., L.M.S.S.A.
EDITH J. WILSON, M.B., Ch.B. (*part-time*).

Consultant Psychiatrists:

C. E. BAGG, M.A., M.R.C.S., L.R.C.P., D.P.M.*
EDITH M. BOOTH, M.B., Ch.B., D.P.M.
ELIZABETH F. BROWNE, B.M., B.Ch., D.P.M.*
MARY K. M. LINDSAY, M.B., B.Ch., B.A.O., D.C.H., D.P.M.*
JANET M. M. LINDSAY, M.D., B.Ch., B.A.O., D.P.M.*
I. SHRIBMAN, M.A., M.B., B.Ch., B.A.O., D.P.M.*
VERA WILKINSON, M.B., Ch.B., D.P.M.*

County Consultant—Diseases of Chest:

W. T. BERMINGHAM, B.A., M.D., B.Ch.

Consultant Physicians—Diseases of the Chest:

J. F. HARE, M.B., M.R.C.P.*
A. O. ROBSON, M.B., B.S., M.R.C.P.*
B. C. THOMPSON, M.A., M.D., B.Chir.*

Consultant Geriatricians:

H. CAPLAN, B.A., M.B., B.Chir., M.R.C.P.*
LORNA C. DAVIES, M.B., B.S., M.R.C.P., D.C.H.*
A. T. SINNIAH, M.B., B.S., M.R.C.P.*

Ophthalmic Surgeons:

T. S. S. GREGORY, M.B., B.Ch., F.R.C.S., D.O.M.S.*
R. C. JACK, M.B., B.Chir., F.R.C.S., D.O.M.S.*
J. MOSS, M.B., Ch.B., Ch.B., D.O.*
V. PURVIS, M.B., B.S., D.O., D.O.M.S.*
NORA M. OUGHTON, M.B., Ch.B., D.O.*

*By arrangement with Regional Hospital Boards.

Chief Dental Officer:

C. H. Griffiths, L.D.S.

Orthodontist:

Audrey M. Blandford, L.D.S., D.Orth.

Area Dental Officers:

B. A. Berrill, L.D.S.
K. R. Dixon, L.D.S.
I. H. Maddick, M.A. B.D.S.
P. T. Fuller, B.D.S.

Senior Dental Officer:

H. R. Rippon, L.D.S., D.D.P.H.

Dental Officers:

F. M. Armour, B.D.S. (*part-time*).
R. J. E. Derwent, L.D.S.
Eva Deutsch, M.D. (*part-time*).
Lise Levy, L.D.S. (*part-time*).
L. F. Loewe, M.D. (*part-time*)
S. R. Medd, B.D.S. (*part-time*)
Joan W. Paul, L.D.S. (*part-time*).
Alison J. Poole, B.D.S. (*part-time*).
Catherine Ralston, B.D.S.
Mavis A. Richardson, B.D.S. (*part-time*)
C. Rooney, L.D.S.
P. W. Sewell, L.D.S.
Elizabeth M. Prosser, B.D.S. (*part-time*)
Susan M. Brown, B.D.S. (*part-time*)
Jane M. Evans, B.D.S. (*part-time*).
Lili G. Mason, B.D.S., D.Orth. (*part-time*).

Dental Auxiliaries:

Mrs. S. M. Horseman.
Miss E. M. Edwards.

Dental Hygienist:

Miss D. M. Pritchard (*part-time*).

Chief Nursing Officer:

Miss E. P. E. Few, S.R.N., H.V. Cert.

Superintendent Health Visitor:

Miss E. L. Martin, S.R.N., S.C.M., H.V.Cert.

Superintendent Nursing Officer:

Miss A. M. Borchard, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent Health Visitor:

Miss H. Thacker, S.R.N., H.V.Cert.

Assistant Supervisors of Midwives and Home Nurses:

Miss V. G. Chadwell, S.R.N., S.C.M., H.V.Cert.
Miss E. V. Malloy, S.R.N., S.C.M.
Mrs. O. M. Riley, S.R.N., S.C.M., H.V.Cert.
Miss E. H. de Spiganovicz, S.R.N., S.C.M.

Area Superintendent Health Visitors:

Mrs. D. L. P. Marett, S.R.N., S.C.M., H.V.Cert.
Mrs. J. A. Thompson, S.R.N., S.C.M., H.V.Cert.
Miss J. G. Wedgwood, S.R.N., S.C.M., H.V.Cert.
Miss M. F. Weller, S.R.N., S.C.M., H.V.Cert.

County Health Inspector and Health Education Organiser:

J. W. Kendall, D.H.E., M.A.P.H.I.

Health Educators:

Mrs. D. M. Barnes, S.R.N., H.V.Cert.
Miss E. Hawley, S.R.N.
Miss M. B. Hayward, S.R.N., H.V.Cert., D.H.E.
Miss B. R. Keene, S.R.N., S.C.M., H.V.Cert.
Mrs. L. W. Moss.

Chief Administrative Officer:

E. L. Eyre.

Deputy Chief Administrative Officer:

A. D. H. Ridpath.

County Ambulance and Transport Officer:

W. C. Collett.

Deputy County Ambulance and Transport Officer:

D. R. W. Nelson.

Principal Administrative Services Officer:

T. H. Clark.

Principal Health Services Officer:

F. W. Hedge.

Principal Welfare Services Officer:

H. G. Millward.

Chief Clerks—Area Offices:

T. A. W. Buchanan.
C. H. Bray.
A. G. Hall
D. E. Thompson.

Principal Social Worker:

Miss E. R. Gloyne, M.A., A.I.M.S.W.

Social Work Training Officer:

Miss S. C. de Gruchy, M.A., A.A.P.S.W.

Homes Officer:

G. Robinson, D.M.A.

Area Welfare Officers:

S. W. Cross†
H. L. G. Heath†
Miss K. M. Lee, A.I.M.S.W.
P. K. Smith.

County Chiropodist:

J. D. Idris-Evans, M.Ch.S., S.R.Ch.

Senior Chirpododist:

Mrs. J. Cotterrel, M.Ch.S., S.R.Ch.

Physiotherapists:

E. Hrabak (*Spastics Unit*).
Miss M. R. Rogers (*County Welfare Homes*).
R. A. Smith (*County Welfare Homes*).

Head Occupational Therapist:

Miss F. B. Silk, M.A.O.T.

Deputy Head Occupational Therapist:

Miss D. M. Scott, M.S.A.O.T.

County Home Help Organiser:

Mrs. A. Tomlinson.

Area Home Help Organisers:

Mrs. E. A. Gorman.
Mrs. G. M. Hayward.
Mrs. F. J. Mundy.
Mrs. F. W. Franlin.

†Granted Declaration of Recognition of Experience by the Council for Training in Social Work.

STATISTICAL BACKGROUND

1. General

The area of the geographical and administrative county is 477,750 acres (approximately 746 square miles) and the numbers of private households and private dwellings at the 1961 census were 149,053 and 152,525 respectively.

The estimated rateable value of the county at 1st April, 1970, was £34,598,411 as against £33,488,359 at 1st April, 1969, an increase of 3.3 per cent.

The estimate of the Registrar General for mid-1969 refers to the home population including members of the armed forces stationed in the area, and amounts to 578,210 compared with 568,110 for 1968. This was an increase of 10,100. At the 1961 census the total population of the county was 484,094.

Census populations, estimated populations, birth and mortality rates for individual county districts are quoted in Table 2 (page 106).

2. Vital statistics—childhood and maternal

Live births:

	1969			1968		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
Legitimate ..	4,756	4,600	9,356	4,905	4,586	9,491
Illegitimate ..	309	301	610	320	334	654
Total ..	5,065	4,901	9,966	5,225	4,920	10,145

	1969	
	Bucks	*England and Wales*
Live birth rate per 1,000 population	17.2	16.3
Illegitimate live births per cent of total live births	6	8
Stillbirths rate per 1,000 total live and stillbirths	10	13
Total live and stillbirths	10,069	—
Number of infant deaths (deaths under one year)	131	—
Infant mortality rates:		
Total infant deaths per 1,000 live births	13	18
Legitimate infant deaths per 1,000 legitimate live births ..	13	17
Illegitimate infant deaths per 1,000 illegitimate live births ..	20	25
Number of deaths of infants under four weeks	92	—

	1969	
	Bucks	*England and Wales*
Neo-natal mortality rate (deaths under four weeks per 1,000 live births)	9	12
Number of deaths of infants under one week	71	—
Early neo-natal mortality rate (deaths under one week per 1,000 live births)	7	10
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	17	23
Number of maternal deaths (including abortion)	2	—
Maternal mortality rate per 1,000 live and stillbirths	0.19	—

3. Vital statistics—other

The principal causes of death in the county were;

	Males	*Females*	*Total*
Cardiovascular disease	1,244	1,237	2,481
Malignant disease	552	509	1,061
Respiratory disease	448	349	797
Accidents	107	80	187
Total deaths from all causes	2,625	2,523	5,148

Comments on certain causes of death will be found in the introductory letter (page 3); the position is represented diagrammatically in the histogram facing page 3; and full details are set out in Table 1 (page 102). These details show the differing mortalities between males and females as a result of certain diseases and they also demonstrate the distribution of particular causes of death amongst various age groups.

LOCAL HEALTH SERVICES

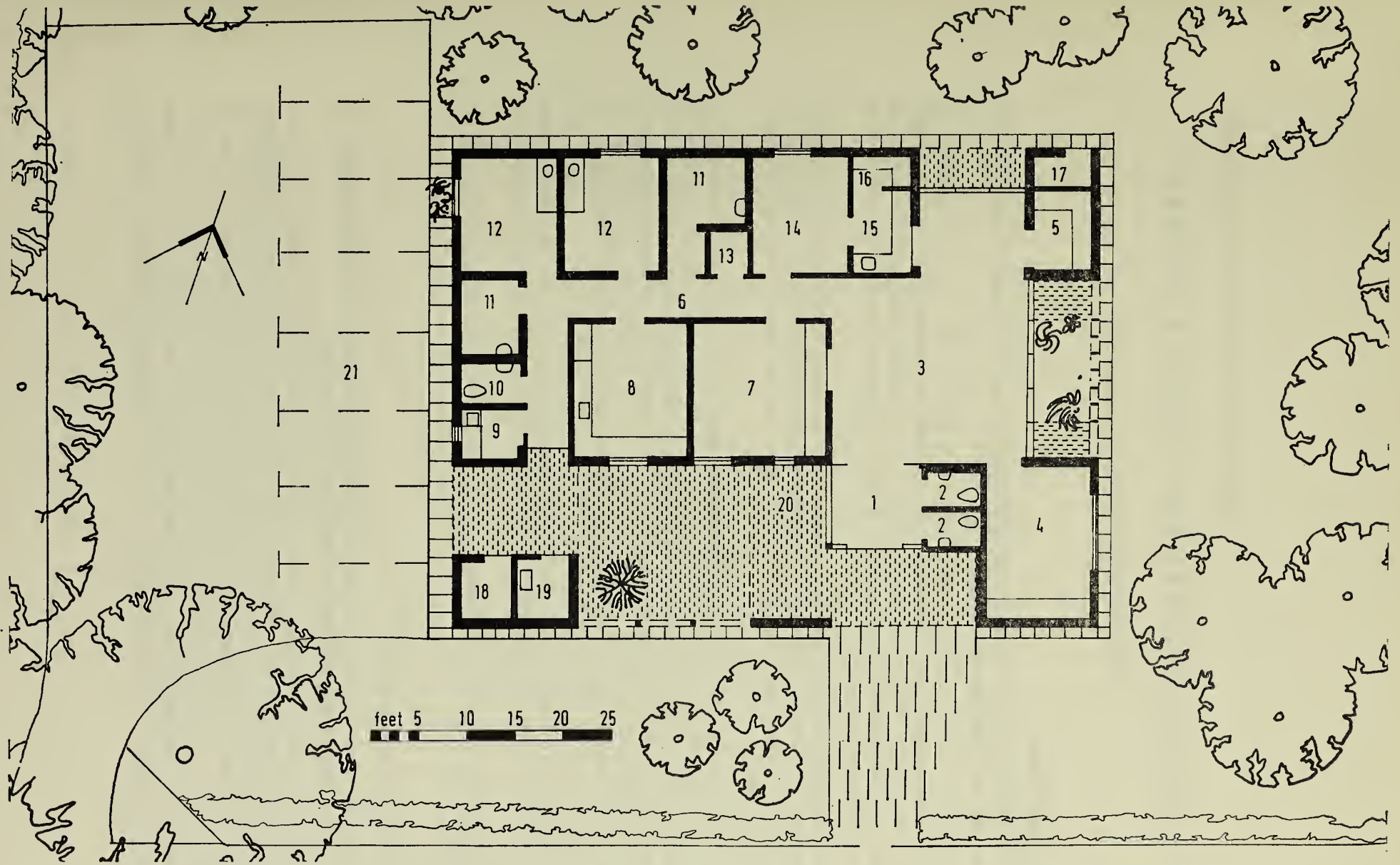
HEALTH CENTRES

(Section 21, National Health Service Act, 1946)

The first health centre in the county was brought into use towards the end of 1969; this centre was built on a site adjoining the hospital at Winslow and provides consulting rooms for two family doctors along with accommodation for County Council staff. The centre provides a comprehensive service for Winslow and the surrounding area and, in addition to the two family doctors, it is staffed by two health visitors, two district nurse/midwives and health service assistant, with help from two receptionist/ clerical assistants. The general medical practitioners undertake all their surgeries from the health centre and all the local health authority routine ante-natal, child health and immunisation clinics for the area are held on the premises. The outline sketch plan which follows gives an indication of the accommodation provided in this health centre.

At the end of the year work was progressing on a small health centre on the Bedgrove Estate, Aylesbury. Schemes for other centres at Haddenham, Burnham, Stokenchurch and Water Eaton (Bletchley) had been submitted to the Department of Health and Social Security for approval in principle and agreement of a cost limit.

General medical practitioners in the High Wycombe and Slough areas have shown considerable interest in possible health centre projects and preliminary work is going ahead with this in mind. At the same time work is proceeding on the planning and siting of the first three health centres for erection within the designated area of the new city of Milton Keynes.



WINSLOW HEALTH CENTRE

F. J. Pooley, County Architect

1. Entrance Lobby
2. Lavatory (Visitors)
3. Hall/Waiting
4. Health Visitors
5. Mattress Store
6. Corridor
7. Records
8. Treatment
9. Cleaner
10. Lavatory (Staff)
11. Examination Room
12. Consulting Room
13. Health Education Store
14. Staff Room
15. Tea Bar
16. Health Food Store
17. External Store
18. Switch Room
19. Incinerator/Dustbins
20. Prams
21. Car Park

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22, National Health Service Act, 1946)

1. Child health clinics

During the year, 25,833 children attended child health clinics in the county, this being 103 more than last year and is again the highest figure ever recorded.

The progress made last year in inviting parents to bring their older pre-school children to the clinics has been maintained and 9,393 children born in 1964-1967 attended during the year, a figure similar to the one for 1968. An appointment system is used at many clinics for part of the session. However, time must be left at every session for parents who require to see the doctor and have not been able to make an appointment.

Emphasis during in-service training for medical staff has been placed on the skills needed for developmental assessment of children at child health clinics. At the larger clinics a nurse gives the injections, thereby leaving additional time for the doctors to put into practice the procedures demonstrated at the in-service training.

An increasing number of family doctors are showing interest in the work at child health clinics. A sessional fee is payable to a doctor undertaking this work at his own premises for children of the practice to which he belongs provided that the premises are suitable; the doctor is well orientated to the type of work required in a child health clinic; the doctor is prepared to undertake developmental testing of children at the required ages; records are kept in an approved form; a register of the children's attendances is kept; a return of numbers made to the County Medical Officer annually and when requested; and the sessions are devoted specifically to child health work.

During the year meetings with voluntary helpers at the clinics have taken place on a local informal basis. Grateful thanks must again be recorded to the helpers for their continued support at child health clinics.

The graph shows the number of children who have attended child health clinics during the last eighteen years.

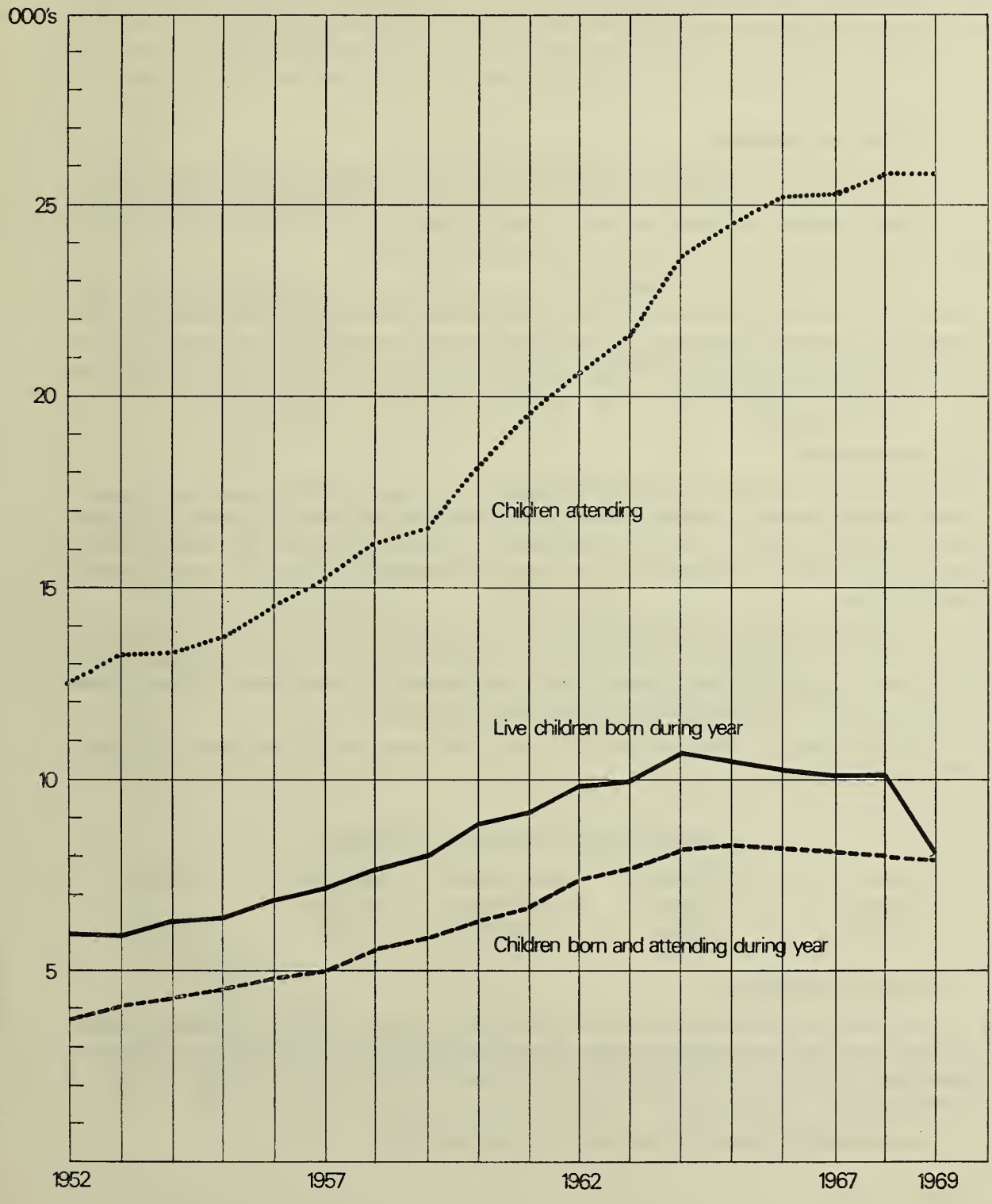
2. Ante-natal and post-natal care

Responsibility for the care of the expectant and nursing mother lies with family doctors and obstetricians, who are supported by domiciliary and hospital midwives.

Domiciliary midwives continued to look after mothers from the Bletchley area during their confinement in the general practitioner maternity unit in that town and to nurse them on their return to their own homes. A new general practitioner maternity unit has been completed at Stoke Mandeville Hospital and it opened in February, 1970. At the time of writing the local midwives have begun to attend the mothers during their confinements in the unit and to care for them when they return home.

Elsewhere in the county family doctors and domiciliary midwives continue to work closely together. Increasingly, midwives attend ante-natal clinics in the general practitioners' surgeries, and

Attendances at Child Health Clinics



co-operation of this kind provides a better service to the patient. The number of ante-natal sessions held by midwives on their own has accordingly fallen from 440 to only 57.

For expectant mothers pregnant for the first time, preparation for labour and training in mother-craft are important aspects of ante-natal care. A total of 2,401 expectant mothers (55 more than in 1968) attended 1,709 classes for this purpose during 1969 (45 more than in 1968). Midwives from both the hospital and domiciliary midwifery services, health visitors and medical officers take part in the teaching at these ante-natal classes, and fathers are usually invited to one class during the series.

3. Maternity accommodation

When applications for admission to hospital for confinement because of social or domestic reasons are received, a report is prepared by the staff of the Department of Health and Welfare. These reports, which indicate whether the home is suitable for home confinement or for the mothers to be discharged early in the puerperium, are completed by the domiciliary midwives.

A maternity bookings officer employed by the hospital authority arranges admissions to the Royal Bucks and Amersham General Hospitals and to the maternity home at High Wycombe, Bletchley, Chalfont St. Giles and at Aylesbury. A maternity social worker, also employed by the hospital, arranges admissions in the South Bucks area. At the Westbury Maternity Home in Newport Pagnell admissions are arranged by the matron.

4. Premature births

A premature birth is defined as one where the infant at birth weighs 2,500 grams or less, irrespective of the period of gestation. It is unfortunate but understandable that the period of gestation is not taken into consideration as this is one of the conditions on which the prognosis for survival depends. Prematurity remains one of the major causes of death in babies and of handicaps of varying degrees in older children.

A record of the weight of the baby at birth also fails to differentiate babies of the same weight who may be children of small parents from those who are small because of a period of inadequate growth in the uterus, it being necessary to observe closely the progress of the latter babies who may be slow developers who at a later stage may experience difficulties at school.

During the year, 627 premature births occurred, which represents 6.3% of the total number of births in the county.

Premature births (1968 figures in parentheses)

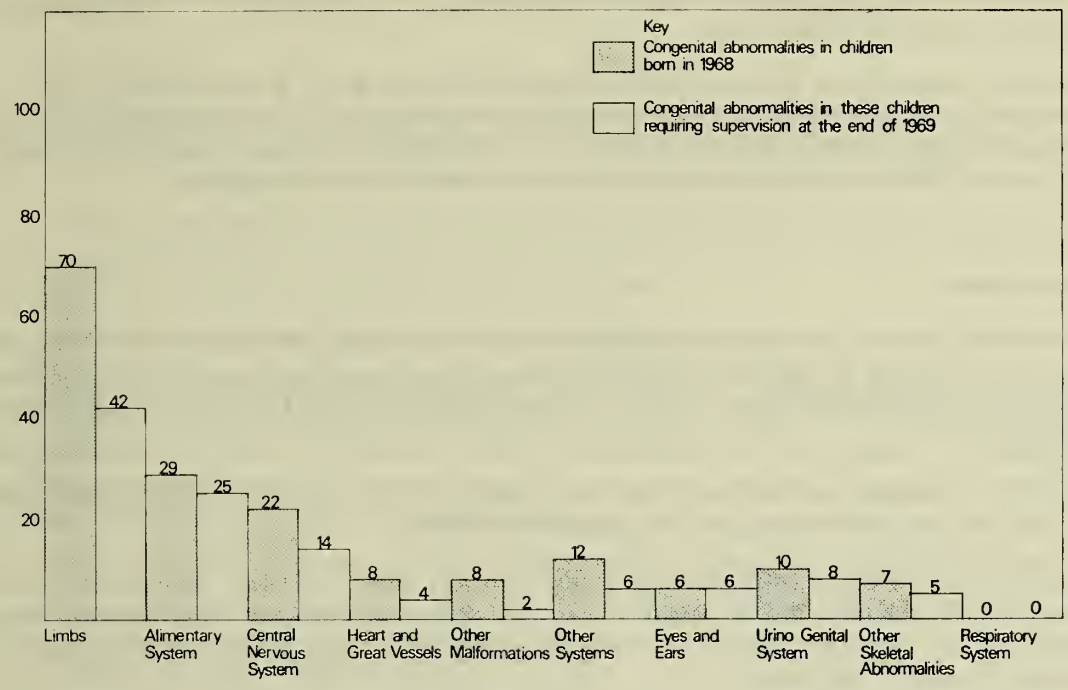
Born in hospital	*Died within 20 days*	*Born at home or in nursing home*	*Died within 28 days*	*Stillbirths*
544 (528)	51 (69)	35 (54)	3 (5)	48 (56)

5. Congenital abnormalities

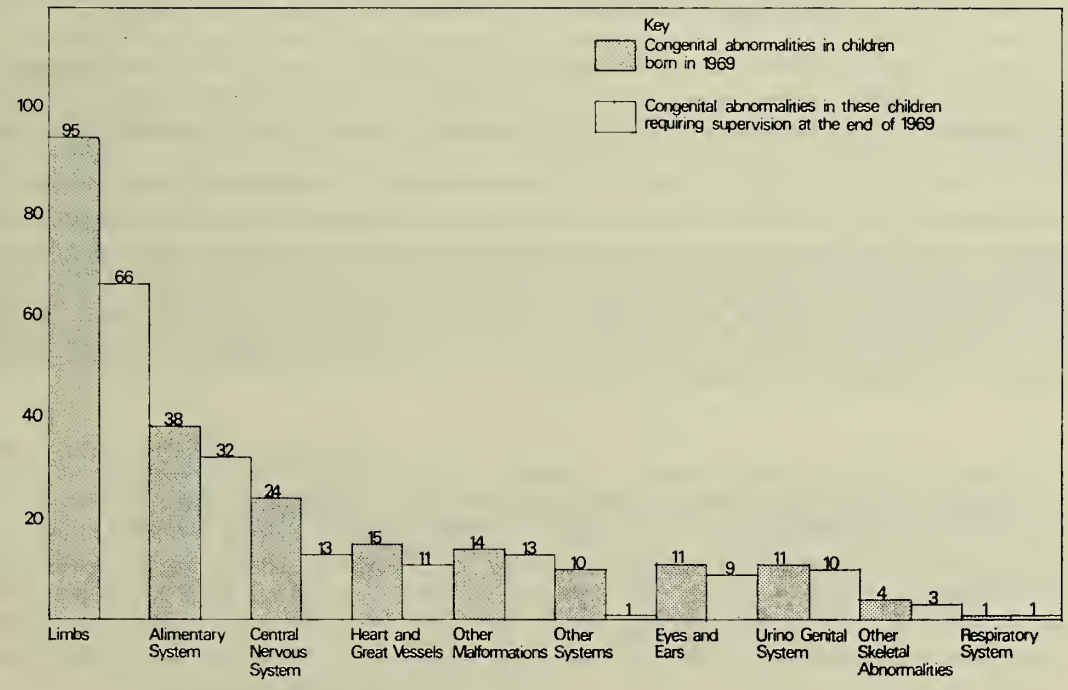
The names of children with congenital abnormalities apparent at birth are notified. As these children should be fully examined to exclude the presence of an additional abnormality or potentially handicapping condition, their names are added to the risk register maintained with the aid of a computer.

The histograms on page (21) show the position during 1968/69.

Congenital abnormalities 1968



Congenital abnormalities 1969



The figures exceed the numbers of children concerned as it is not uncommon for more than one abnormality to occur in a given child.

It will be noted that the largest number of defects falls in the group of affected limbs. Many of these are cases of talipes. In addition, there are a number with six fingers or toes, webbed digits and one had fore-turning of the limbs. Furthermore, there were 14 and 13 defects of the central nervous system (mainly cases of spina bifida) in children who survived in 1968 and 1969 respectively.

6. Infant deaths

There were 9,966 live births and 103 stillbirths in the county during 1969. The total of 131 deaths of infants under the age of one year was eight less than the corresponding figure for 1968. Of these 131 deaths, 92 were of infants under 4 weeks or age and this figure included 71 deaths of babies under one week.

The infant mortality rate was the lowest ever recorded for the county, the figure of 13 per 1,000 being 5 less than the corresponding rate for England and Wales.

The perinatal birth rate (stillbirths and deaths of babies under one week combined per 1,000 live and stillbirths) fell from 20.8 in 1968 to 17.0 in 1969. Perinatal deaths are those that occur at or about the time of confinement and the continuing fall in this rate is a sign of the satisfactory obstetric care given to women in this county.

7. Risk register

The names and appropriate details of children, assessed by a doctor and considered to be at risk, are put into the computer which has been used since 1st January, 1968 to provide readily available statistics about the young handicapped and potentially handicapped children in the county.

One doctor in each of the four areas of the county is responsible for ensuring that there is adequate supervision of the children whose names appear on the register. Every month these doctors receive from the computer a list which reminds them of the names of children whose condition is due for re-assessment.

Arrangements are then made for the child to be examined at hospital, by one of the doctors of the local authority or by the family doctor. As the child becomes older other colleagues are invited to join the assessment conference as necessary. On each occasion, for computer purposes, the child is subsequently reported either as normal and healthy, or as remaining at risk, or as handicapped. In addition a note is made showing the month when the next assessment is required. The table which follows shows the position at 31st December 1969.

Children born in	*Name placed on register*	*Died*	*Moved from county*	*Name removed from register*	*Handicapped*	*Remain at risk*
1968	699	59	80	187	32	341
1969	625	19	31	41	11	523
Total	1,324	78	111	228	43	864

8. Nurseries

(a) Day nursery

The day nursery in Slough continued to meet some of the need for this type of service. The accommodation is for thirty-five children and at 31st December, 1969 there were thirty-three names on the register. The average daily attendance was twenty-six, being one less than in 1968.

Arrangements continued whereby financial responsibility is accepted for Buckinghamshire children in certain approved priority categories to attend nurseries outside the county. On 31st December, one such child was attending the day nursery at Uxbridge.

(b) Residential nursery and homes for children and young people

The twenty-one establishments maintained by the Children's Committee provide accommodation for 275 children and young people, including those at the two hostels for working boys or girls, a reception home for sixteen children and a nursery containing twenty-four children. The department's medical officers undertake the routine medical supervision of children in the care of the County Council whether boarded out or in children's homes.

When the children are ill they are looked after in the normal way by general practitioners.

9. Nurseries and Child Minders Regulation Act, 1948

Reference was made in the report for 1968 to the changes brought about by the amendment of this Act by section 60 of the Health Services and Public Health Act, 1968.

The effect of this amending legislation was reflected by the increase of approximately 69% in the number of persons registered for daily minding at the end of 1969. In all some 122 persons were registered as minders during the year who, prior to the amendment, would not have required registration. Not all these newly registered persons continued to mind children throughout the year.

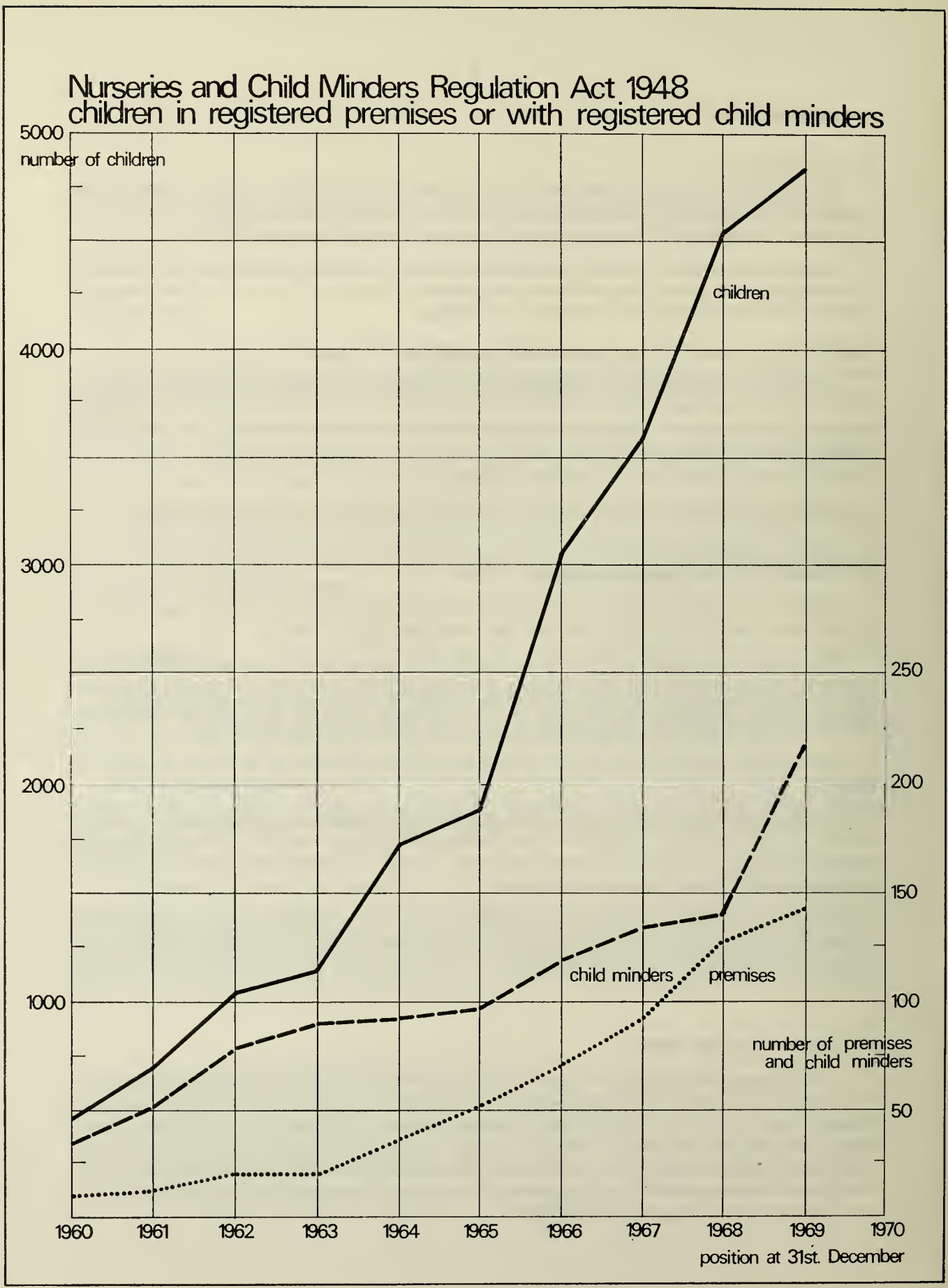
Details of the registered premises and persons and of places available are shown on the graph on page 24.

The day-to-day supervision of premises and of daily minders continued to be undertaken by selected health visitors under the guidance of the Area Medical Officer concerned. This allowed these health visitors to gain by specialisation, a greater insight into the needs of children being cared for away from their homes and of those responsible for the care.

With a view to the improvement of standards of day care of children staff of the department worked in close co-operation throughout the year with the staff of the Chief Education Officer in the provision of appropriate courses for interested play group leaders at the further education establishments and also at Missenden Abbey.

10. Care of illegitimate children

The implementation during 1967 of legislation concerning family planning and abortion appears to be having the effect which would be expected on the number of illegitimate children born each year. During the period 1959 to 1967 there was a continual increase in the number of illegitimate births; during 1968 and 1969 that upward trend was reversed. The total of 610 live illegitimate births during 1969 was 44 less than the 1968 total, which was 32 less than the corresponding figure for the previous year. It has to be remembered in this connection that, during the last two years, the population of the county has increased by approximately 26,000.


Nurseries and Child Minders Regulation Act 1948
children in registered premises or with registered child minders
5000
number of children
4000
3000
2000
1000
children
250
200
150
100
50
child minders
premises
number of premises
and child minders
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
position at 31st. December

The Grange, High Wycombe, a property owned by the county council and let to the Oxford Diocesan Council for Social Work as a mother and baby home, was closed during the year because the lack of demand for this type of residential accommodation.

Mrs. Balme, organising secretary of the Oxford Diocesan Council for Social Work, has kindly provided the following statistics in respect of the work undertaken during 1969 by that Council;

Total number of new cases	464
Total number of old cases carried over from previous year	214
Total number of cases dealt with during year	678
New maternity cases	342
Maternity cases carried over from previous year	95
Total number of maternity cases	437

Age at confinement of new cases only:

14 years and under	1
15 years	15
16 years	33
17-20 years	183
21-30 years	90
31-40 years	9
Over 40 years	Nil
Not known	11
Total	342

Age group of fathers:

Under 17 years	8
17-20 years	115
21-30 years	136
31-40 years	27
Over 40 years	2
Not known	54
Total	342

Marital status:

	Mothers	*Fathers*
Single	318	248
Married	20	61
Widowed	1	—
Divorced	3	8
Not known	—	25
Total	342	342

11. Family planning services

Family planning advice and treatment is given by family doctors and there is also a special clinic for this purpose at the Royal Bucks Hospital in Aylesbury. Local branches of the Family Planning Association and the Slough Family Planning Clinic also provide a service throughout the county. Clinics are held at premises owned by the County Health Committee, at the hospitals and in premises in High Wycombe owned by the family planning association. A domiciliary service operates in Slough.

A charge is made at these clinics for some patients and the County Health Committee has agreed to reimburse these organisations on an annual per capita basis when a family planning service is given to patients with:

(a) medical conditions which make pregnancy undesirable (to be certified by a doctor);

(b) social conditions which make pregnancy undesirable (to be certified by medical officer, midwife, health visitor or social worker employed by Department of Health and Welfare).

During the year ended 31st March, 1970, two hundred and eighty-three patients were assisted in this way.

	Social conditions	*Medical conditions*	*Total*
Bletchley	12	5	17
Aylesbury	26	5	31
Amersham, Wycombe, Chalfont	149	32	181
Slough	46	8	54
Total ..	233	50	283

Negotiations have started with the local branch of the family planning association so that an additional clinic may be opened at the out-patient clinic at Wolverton. This would help to reduce the waiting list at Bletchley and the need to extend the services in this part of the county is particularly important in view of the incoming population to the new city of Milton Keynes.

12. Distribution of welfare foods

At the end of the year, 122 distribution centres were in operation, 88 being organised in conjunction with child health clinics. Foods were also available from the mobile clinic.

The demand for national dried milk continued to fall but there was little change in the issues of cod liver oil and vitamin tablets. Orange juice remains by far the most popular of the foods provided.

Details of issues during the year are given below, 1968 figures being given in parentheses for comparison:

National dried milk	17,532 packets	(23,104)
Cod liver oil	7,124 bottles	(7,443)
A and D vitamin tablets	7,911 packets	(7,848)
Orange juice	181,044 bottles	(165,273)

Since the County Council first assumed responsibility for this service the arrangements in the centres have depended, in the main, upon voluntary helpers. Once again, it is pleasant to record appreciation of the work undertaken by members of the British Red Cross Society, the Women's Institutes, the Women's Royal Voluntary Service and by many individual workers.

13. Cervical cytology

With the object of preventing or of detecting at an early stage cancer of the neck of the womb, women can have cervical cytology tests at the hospitals, by family doctors, at local authority clinics and at family planning clinics.

At the seven local authority clinics, 1,337 tests were taken. The results in three cases were positive and the appropriate treatment has taken place. In three other cases, with a doubtful positive result, investigations were proceeding at the end of the year.

The research project, which is supported by the County Health Committee, involving women living in Aylesbury Borough and Aylesbury Rural District, continued during the year. The following report has been received from Dr. Margaret R. Wolfendale, cytologist at Stoke Mandeville Hospital.

	1st June 1965 31*st Aug* 1968	*New Patients* 1*st Sept* 1968 30*th Nov* 1969	*Repeat Smears* 1*st Sept* 1968 30*th Nov* 1969
" No. of smears	11,960	1,932	3,254
No. of unsuspected invasive cancer..	5	1	0
No. of cancer in-situ	46	7	4
No. of dysplasia	12	0	1
Pick-up rate per 1,000	5.2	4.2	1.5
No. of cases of invasive cancer in women living in the area not examined in population screening	6	2	

Notes:

5 patients had positive smears three years after first screening;
2 with cancer in-situ had abnormal smears reverting to negative smears;
1 dysplasia had false negative smears in 1965;
1 cancer in-situ had scanty negative smear 4 years previously;
1 cancer in-situ had a negative smear 3 years previously.

As part of the research project an attempt was made to offer facilities for cervical screening of women at the factories in the area and this is described in the following excerpt from "The Fifth Interim Report on the Investigation into the Prevention of Cancer of the Cervix by Cytological Screening of the Population" of the Nuffield Medical Centre for Combined Research.

Factory Screening

It was hoped that, by approaching women through their place of employment, it would be possible to persuade more of the types of women who were likely to develop carcinoma of the cervix in the next few years, i.e. age groups 40 to 60 years, and the lower social classes to come forward for screening.

With the encouragement of the Aylesbury Industrial Group, a letter was sent to 67 places in the rural and urban district of Aylesbury with more than 10 women employees, asking them to encourage their women to have cervical smears taken, and offering to arrange special clinics for them either at work or at Pebble Lane. Later a personal approach was made by Miss Haysom a Health Education Officer, to 24 places employing a significant number of women over the age of 25, and it was suggested that perhaps a personal note about the test could be enclosed in the pay packets of their employees. The results are given below. Even more encouraging is the fact that, in six factories where detailed figures were available, between 50% and 80% of the employees had already had the test, and with encouragement this was increased to 75% to 97%, leaving only a small hard core of women who refused.

Nevertheless, it should be added that the majority of those women were in the older age group, and could well be the type that would also delay seeking medical advice if they had symptoms. This underlines the fact that the existence of these women in any population screening could well be the main cause for the delay in any significant fall of the death rate from carcinoma of the cervix for many years after screening was started.

Number of factories circulated	67
Number already with scheme for screening women employees ..	2
Number arranging facilities for staff after first letter	6
Number asked to make a more personal approach	24
Number agreeing	20

Details of acceptance of cervical smear test in 6 factories:

Total women employees	*No. already screened*	*No. screened as result of more personal approach*	*Number refusing*
310	204	80	26
	66%	25%	9%"

Miss E. R. Gloyne, principal social worker, and Mrs. Hollingsworth took part in an investigation during the year to determine the social psychological and medical effects on patients treated for positive smears, during which they interviewed the first 52 patients to have positive smears and 52 controls.

There was no evidence that the test itself caused an increase in the number of social difficulties experienced by the women and, as a group, those with positive smears had more social problems than those with negative reports.

A fuller report will be presented in the annual report for 1970.

14. Dental treatment of expectant and nursing mothers and young children

It was possible to expand the dental services available for the young and preschool children during 1969. Some staff devoted a considerable amount of time to advising parents attending toddlers' clinics on the dental condition of their children, and referring them for treatment after their initial inspection. The teaching of the correct principles of diet and dental health were taught to mothers both individually and in groups, and a small travelling exhibition and filmshow visited a number of child health clinics. Great interest was shown, and the increased demand for treatment justified the time spent on this important aspect of our work. The Bletchley area again showed the greatest demand for treatment and the Area Dental Officer, Mr. B. A. Berrill, and the Dental Auxiliary, Mrs. S. Horseman, devoted much of their time and interest to the care of this group. Miss C. Ralston, in the Aylesbury and Amersham areas, also spent some time in caring for this group in her areas.

As a result of these efforts, it was possible to treat many more preschool children than in any previous year. There was an increase of over 20% in the number of fillings carried out for such children and the number of attendances also increased, compared to previous years. The numbers of extractions was slightly more than in previous years, but the percentage increase in the amount of conservation treatment (i.e. fillings) was about twice the increase in extractions. This is an indication that parents are becoming increasingly aware of the importance of an early inspection and regular treatment of their young children so that the teeth can be restored before they have become grossly carious and have to be lost. It is felt that dental health education is, at last, having the desired effect.

It is considered that the condition of the teeth of the preschool child continues to improve and this is substantiated by the National Survey of young children on their first inspection at school. However, there needs to be continual vigilance to ensure that unfortunate habits are not started in this age group

which will affect dentition throughout their life. It is important that the damage that can be caused by the unrestricted eating of sweets and between-meals snacks in the young child should be brought to the notice of the parents, so that good eating habits may be established early in life.

The demand for treatment by expectant and nursing mothers was not very great, and this is probably due to the large number of mothers who are having regular treatment from their own dental surgeons in the general dental service, and do not wish to change to such treatment at the local authority clinic in view of their pregnancy. However, the number of visits for treatment this year was slightly higher than last year, and the number of dentures supplied also increased.

The total number of attendances of preschool children and mothers increased by about 25% over last year's figures.

Dental Treatment for Mothers and Young Children 1969

Attendances and Treatment

	Children 0-4 (*inclusive*)	*Expectant and nursing mothers*
Visits for treatment:		
First	908	89
Subsequent	988	130
Total	1,896	219
Number of additional courses of treatment other than the first course commenced during the year	111	3
Number of fillings	1,758	155
Teeth filled	1,614	150
Teeth extracted	444	46
General anaesthetics given	137	15
Scaling and/or removal of stains	187	64
Teeth otherwise conserved	250	—
Teeth root filled	—	2
Inlays	—	2
Crowns	—	2
Courses of treatment completed	715	69
Prosthetics		
Patients supplied with dentures	13	
Inspections		
First inspections	1,503	90
Patients who required treatment	749	79
Patients offered treatment	728	77
Equivalent full sessions		
For treatment	353	
For health education	20	

THE NURSING SERVICES

(Sections 23, 24 and 25, National Health Service Act, 1946)

1. General

(a) Co-ordination

On 1st April, 1969 Miss Esmé Few was appointed to the post of Chief Nursing Officer to co-ordinate the health visiting, home nursing, and domiciliary midwifery services in the county.

Demands upon these services have increased with the policy of developing closer ties with general practitioners and also with the changing balance between hospital and domiciliary care. The post involves considerable management responsibilities, providing a single channel of communication on policy matters and assisting in the re-organisation of existing services where necessary, forward planning and deployment of staff in order to make the best use of limited resources.

(b) Co-operation

The year presented many changes both in the administration of the service and in the work carried out at field level. The policy whereby health visitors, district nursing sisters and midwifery sisters work as teams with general practitioners gathered momentum and it is intended to complete such attachments by the end of 1970. Meanwhile, the graph on page 31 shows the progress made since the initial experimental schemes began in 1967.

It is pleasing to report the willingness of staff to accept the challenges of this year of change and to record appreciation of the high standard of service maintained. It is because of this that so many excellent teams are developing, bringing benefit to all, especially patients and clients and enabling the increased demands upon the services to be met with greater understanding.

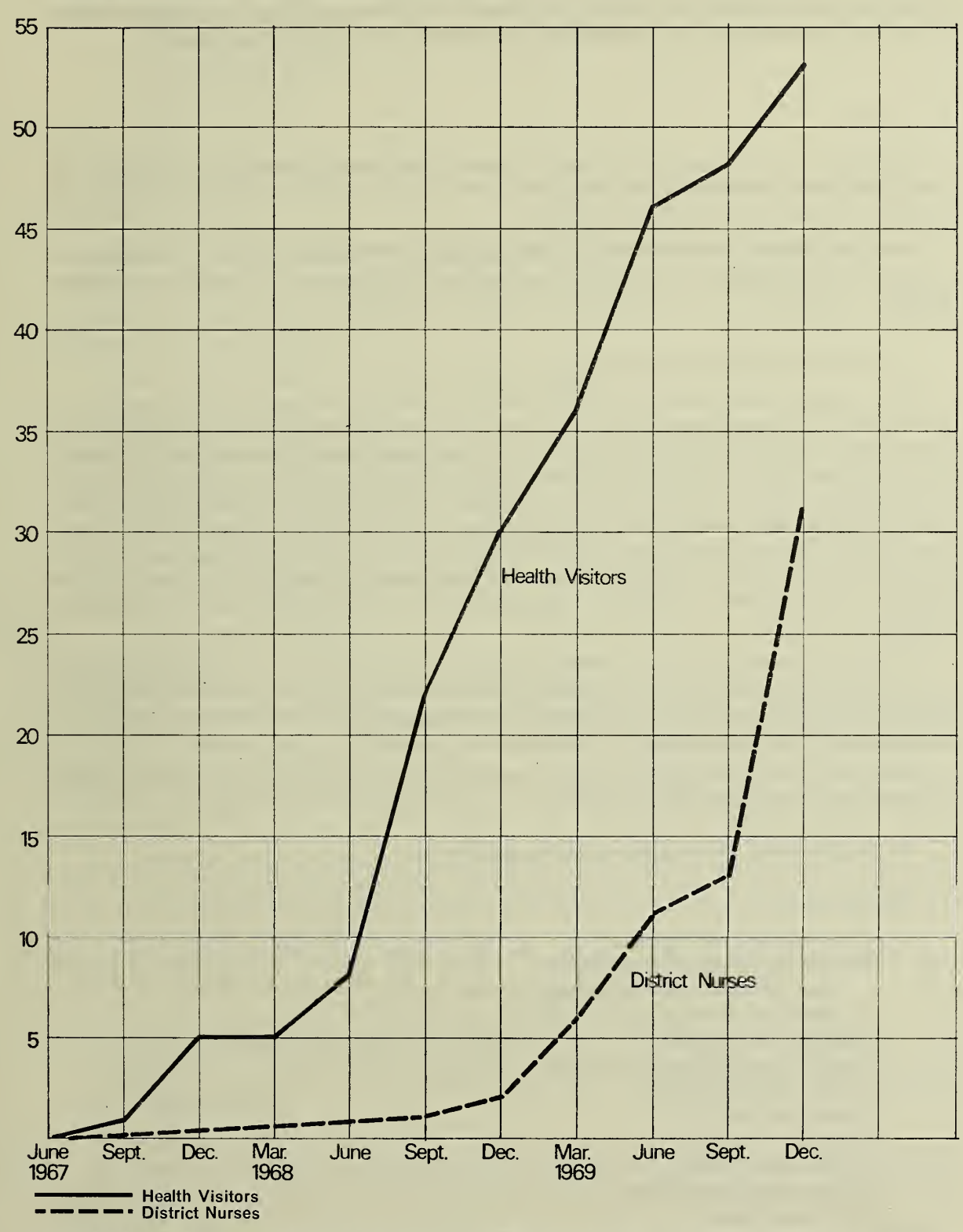
New areas of need are showing up, which in turn produce new problems of staff deployment and time is needed for further adjustments to traditional methods of working in order to achieve the full co-operation which is the object of team work. Flexibility of working is the keynote and nursing personnel are now encouraged to practice their skills in the surgery setting as well as in the homes of patients.

Increased co-operation has also developed amongst the staff following the arrangements for staff meetings. These provided opportunities for the County Medical Officer of Health and the Chief Nursing Officer to meet field staff in the area, for staff to meet each other and for free discussion to take place. In addition the Chief Nursing Officer met at regular intervals the Superintendent Health Visitor and Superintendent Nursing Officer in order to discuss policy matters in connection with the service. Meetings also took place between the Chief Nursing Officer and the two Superintendents together with the Area Superintendent Health Visitors and Assistant Superintendent Nursing Officers. Much useful discussion resulted in improvements in the provision of services.

(c) Winslow health centre

The opening of this health centre on 1st December, 1969 was a fitting conclusion to the year's service given by the Buckinghamshire nursing staff. Here a team of two general practitioners, district

Progress of complete attachment of local authority nursing staff to general practices



There are 80 general practices in the County of which 66.25% have Health Visitors fully attached and 38.75% have District Nurses and midwives fully attached. This represents 56% of the nursing establishment of 301 working in full attachment.

nurse/midwives and health visitors together with the two receptionist/clerical assistants and health service assistant are producing a pattern of co-operation and team work which is a valuable example for the future in providing a total patient care programme for the surrounding population.

2. Staffing

During 1969 the acute national shortage of recruits to the nursing profession was reflected in the staffing vacancies, especially during the latter half of the year; some of the deficit was caused by the retirement of long serving members of the staff.

Particular mention should be made of the retirement in November of Miss M. Padfield after 31 years' continuous service in the county, first as a district nursing sister and afterwards as a health visitor.

(i) *Midwifery and Home Nursing*

There were 42 resignations and 40 new appointments during the year and of the resignations five were due to retirement after 25, 24, 21, 20 and seven years' service. Twelve nurses left to take up similar appointments with other local health authorities; seven resignations were due to domestic reasons and one for health reasons. Four nurses returned to hospital work; one returned to her home in Australia and another two to their homes in Jamaica. Two nurses were seconded for health visitor training whilst another, although remaining in the employment of the County Council took up whole-time health visiting work. One nurse was appointed to the post of matron of an old persons' home and another to that of matron of a children's home. One nurse joined the staff of the Chalfont Centre for Epilepsy; another accepted an appointment overseas and the other nurse left to take up her midwifery training.

The range of nursing staff was extended during the year to include an increased number of male nurses and of state enrolled nurses. In addition a start was made on the use of nursing auxiliaries to assist the district nursing staff in their duties. Five nursing auxiliaries were appointed, the first two commencing their duties in January.

The work of these nursing auxiliaries has proved so valuable that it is proposed the number employed should be increased in due course.

At 31st December, 1969 the general staffing position was:

Full-time posts:

Superintendent nursing officer	1
Deputy superintendent nursing officer (appointment made but not taken up until 1.2.70)	1
Assistant superintendent nursing officers	4
Assistant superintendent	1
District nurse/midwife/health visitors	7
District nurse/midwives	66
Domiciliary midwives	19
District nursing sisters	53
District nurses (male)	11
State enrolled district nurses	2
Nursing auxiliaries	2

Part-time posts:

Domiciliary midwives	2
District nurse/midwives	4
District nursing sisters	12
State enrolled nurses	1
Nursing auxiliaries	4

(ii) *Health visiting*

Twenty-four full-time, three part-time health visitors and one male health visiting officer were appointed during 1969.

On the debit side 14 full-time and seven part-time health visitors resigned their appointments.

Overall the improvement at the end of the year was the equivalent of 18 full-time posts. In addition 26 health visitor students were undertaking training at the end of the year under the County Council's arrangements for sponsorship.

The staffing position at the end of the year was as follows:

Superintendent health visitor	1
Deputy superintendent health visitor	1
Area superintendent health visitors	4
Deputy area superintendent health visitors	4
Full-time health visitors	93
Part-time health visitors (equivalent to 9.4 full-time)	20
Health visiting officer	1
Full-time tuberculosis visitor	1
Full-time health assistants	8
Part-time health assistants	40

3. Working parties

During July the Chief Nursing Officer set up a working group of various grades of nursing staff to study the present management structure of the domiciliary nursing services in the county and to make recommendations for an improved structure with a clear line of management and a positive career pattern. A considerable amount of hard work has been completed and a report is to be made later this year.

In co-operation with the Regional Nursing Officer of the Oxford Regional Hospital Board the Chief Nursing Officer convened, during May, 1969, a group of senior nurses to make recommendations for the nursing services to be provided in the new city of Milton Keynes. This group met regularly and an interim report has been published. It continues to meet thus presenting a pattern of co-operation between nursing officer of the local health authority, regional hospital board and of neighbouring hospitals; this augers well for the future.

4. Family doctor and hospital services—co-operation

The improved co-operation with the family doctor has been mentioned; liaison with the hospital improved during the year.

(i) *North Bucks*

Health visitors continued weekly liaison with the Wolverton, Bletchley and Buckingham Chest Clinics, whilst good liaison was also maintained with the Bletchley and Westbury (Newport Pagnell) maternity units.

A twice-monthly liaison meeting was initiated during September at the Renny Lodge Hospital, Newport Pagnell. These meetings were attended by the area superintendent health visitor or her deputy, together with the assistant supervisor of home nurses and midwifes, the area welfare officer, the hospital geriatric consultant, the medical social worker, the hospital matron and charge nurses.

(ii) *Aylesbury*

Links with the maternity department at the Royal Buckinghamshire Hospital were maintained during the year and in fact the percentage of cases requiring discussion with the health visitor rose considerably.

The links established with the hospital paediatric unit and the diabetic clinics continued.

(iii) *Wycombe*

Liaison visits are paid regularly to the Amersham General Hospital paediatric ward, geriatric unit, maternity unit and chest clinic. In addition links are maintained with the Stone Maternity Home at Chalfont St. Giles and with the chest clinic at Wycombe General Hospital.

(iv) *South Bucks*

Liaison continued with medical nursing and medico-social staff of hospitals in the area. A weekly meeting was established by the area superintendent health visitor with the geriatric consultant and area welfare officer. This closer liaison and exchange of information has led to an improvement in the care given to the elderly.

(v) *Maternity liaison committees*

One meeting of the Committee for the Aylesbury, Amersham and High Wycombe areas and one meeting of the Committee of the Windsor Group Committee were held during the year.

Subjects discussed at these meetings included arrangements for notifying doctors of the discharge of patients; the advisability of routine initial investigations such as chest X-rays; implications of the closer working together of domiciliary and hospital services; and the categories of patients for admission to general practitioner units.

5. Committee representation

In October the Chief Nursing Officer was invited to become a member of the Royal Bucks Hospital Sub-Committee on nurse education. She is also an appointed member of the General Nursing Council for England and Wales, serving on the Disciplinary Registration and Finance Committees.

The Superintendent Nursing Officer who is responsible for the day-to-day administration of the midwifery and home nursing services is a member of the Nurse Education Committee of the High Wycombe and District General Hospital. The Superintendent Health Visitor is external examiner for the health visitor training courses at the Royal College of Nursing and at Chiswick Polytechnic. The Deputy Superintendent Health Visitor is a member of the Mental Health Review Tribunal of the Oxford Regional Hospital Board. All these officers have also contributed their experience to national training courses in health visiting, home nursing and management during the year.

6. Research participation

The 1958 National Child Development Survey questionnaires were completed during 1969, the children concerned now being 11 years old.

In the Aylesbury area, health service assistants have assisted certain general practitioners with a health and ability survey of the elderly they do not see very often. A health visitor is completing questionnaires for Dr. Jeanne Fisher of the Industrial Training Research Unit, University College, London, who is studying the attitudes of older women to being in employment.

Miss Hilary Brown of Cornell University, U.S.A., was accorded facilities at some of the child health clinics for her survey into the feeding habits of mothers with first babies.

7. Professional education

All health visitors attended one of the two-day in-service training courses which were held at the Youth Training Centre, Green Park, Aston Clinton, on "Nutrition and the needs of special groups" and at Missenden Abbey on "Mental health and the health visitor's supportive role".

Dr. Mildred Pott, consultant psychiatrist, spoke on "Bereavement" to members of the community nursing services, social workers and others.

Sir Alexander and Lady Ewing again visited the county to instruct health visitors and health service assistants in techniques of screening tests of hearing for children under five years of age.

The Deputy Superintendent Health Visitor attended a middle management course and four health visitors attended first line management courses prior to their appointment as group advisers. Five health visitors have attended courses to qualify them to train student health visitors in field work.

Members of the health visiting staff designated to do work in connection with the registration and supervision of nurseries and child minders attended a short course on this subject.

Health service assistants attended an in-service study day.

8. Lectures

Members of the administrative staff contributed to courses for play-group leaders, pre-nursing students, cadet home helps, health service assistants and pupil midwives; they also took part in observation visits arranged for those attending these courses and for obstetric course students.

9. Visitors

Visitors to the Department included public health nurses taking courses in administration, health visitor tutors, health visitor students and medical students.

10. Training

(a) Midwifery

Domiciliary experience was provided for 38 student midwives from the Shrubbery Maternity Home (High Wycombe), Amersham General and Upton Hospital, Slough. In view of the reduced number of home confinements permission was granted by the Central Midwives Board for students to take six instead of ten domiciliary cases in Slough. To compensate for this lesser number of cases a programme of observation visits in the public health nursing field is now arranged for all students.

During May, Miss Cox, Education Supervisor from the Central Midwives Board, visited the Royal Buckinghamshire Hospital to discuss the proposal to be submitted to the Board for the hospital to be approved as a Part II midwifery training school. The Chief Nursing Officer and the Superintendent Nursing Officer attended the meeting.

Public health experience was provided for six student nurses from the Aylesbury group of hospitals undertaking obstetric nurse training.

(b) District nurse training

The training scheme continued during 1969 whereby student district nurses attend the Oxford or Reading training centres for lectures and visits of observation and are supervised by practical work instructors in this county. Eleven students attended the Oxford centre, two attended the Reading centre and one was seconded to Guildford.

(c) Hospital experience

Following discussions between the Superintendent Nursing Officer and the Matrons of Wexham Park (Slough), the Canadian Red Cross (Taplow) and Wycombe General Hospitals, district nursing staff in the South Bucks and Wycombe areas were able to visit these hospitals for four days. An interesting programme was organised at each hospital and the visiting staff were able to observe the work done in the main departments.

It is hoped that similar arrangements may be possible for other parts of the county at a later date. Reciprocal arrangements are to be discussed so that hospital ward sisters may see something of the County Council's nursing services.

11. Midwifery

The number of infants born during 1969 was 10,012; this is a decrease of 167 compared with the previous year. The trend towards more hospital and fewer domiciliary confinements has continued with a resultant further increase in the numbers of patients discharged early in the puerperium.

In company with a number of health visitors some domiciliary midwives attended another series of courses on parentcraft teaching given by Mrs. E. Montgomery, physiotherapist, of Bristol. Following on from this series of lectures the midwives are now taking a greater part in the teaching of ante-natal groups.

Midwives in the north of the county and those in the South Bucks area were instructed in the technique of performing the Guthrie Test to detect phenylketonuria. In the South Bucks area the midwives are now undertaking this test on all newborn infants in the domiciliary field.

The following figures give some indication of the work undertaken by domiciliary midwives during the year:

Births in 1969		
(i) In hospital	9,148	(including 136 deliveries by domiciliary midwives in general practitioner unit)
(ii) Private nursing homes	275	
(iii) Domiciliary	1,426	
Total ..	10,849	
Early hospital discharges	3,995	

Analgesia administered to mothers delivered at home:

Pethidine or Pethilorfan	656
Entonox	983
Trilene	137

Number of infants resuscitated with oxygen: 40

Number of emergency obstetric service calls: 25

The reasons making those emergency obstetric service calls necessary were:

Retained placenta	16
Post partum haemorrhage	3
Undiagnosed twins	1
Threatened miscarriage	1
Ante-partum haemorrhage	1
Pulmonary embolism	1
Retained membranes	1
Abnormal presentation	1

NOTIFICATION BY MIDWIVES OF INTENTION TO PRACTICE

In accordance with the requirements of the Midwives' Act, 1951, and the rules of the Central Midwives Board, notifications were received from:

Institutional	
(a) Hospitals	205
(b) Private nursing homes	5
Domiciliary	
(a) Employed by local authority	111
(b) Engaged in private practice	4

12. District Nursing

The number of patients nursed in their own homes was 12,829 of whom 7,104 were aged 65 years and over, 5,347 were aged between five and 65 years and the remaining 378 were under five years of age. These figures reflect an increase of 1,807 patients over the 1968 total despite the fact that many additional patients are being treated in doctors' surgeries. The total number of visits paid to patients in their own homes was 284,177, an increase of 16,355 over the total for the previous year. It is interesting to note that as the overall total has increased it has been relatively steady progression in each age group.

Patients from the Buckingham area frequently attend Banbury Hospital for treatment. The consultant surgeon at Banbury inaugurated a scheme for day surgery and the district nursing staff from the Buckingham area were invited to attend the hospital for discussion with a view to taking part in the scheme. This has been working successfully for some months.

During the year discussions took place between representatives of the Oxford Regional Hospital Board, Tindal General Hospital, some of the Aylesbury general practitioners and representatives of the County Coucil with a view to commencing a community ward experiment at Tindal General Hospital. The local authority nursing teams attached to the practices of the interested general practitioners were to undertake nursing care in the ward. Whilst agreement was reached in principle implementation of the scheme was deferred until 1970.

13. Statistics—midwifery and home nursing

The work carried out by the domiciliary nursing and midwifery staff in the patient's own home is summarised in the table which follows. As the attachment schemes develop the staff are increasingly undertaking work in the doctors' surgeries and in the health centre at Winslow. This is true particularly of ante-natal work. Most ante-natal clinics held in local authority premises were closed during the year. It is a matter to be noted with satisfaction that general practitioners are recognising the value and expertise of the district nursing staff and delegating to them more sophisticated treatments than in the past.

	1969		1968	
	Cases	*Visits*	*Cases*	*Visits*
(a) *Midwifery*				
Ante-natal		18,752		22,024
Deliveries	1,443	20,901	1,785	25,584
Hospital discharges	4,073	28,725	3,645	26,052
Post natal		374		202
Supervisory (teaching midwives)		4,424		5,262
Total	5,516	73,176	5,430	79,124
(b) *General nursing*				
Patients over 65 years	7,104	186,984	6,158	176,263
Patients aged 5-65 years	5,347	95,058	4,550	89,463
Patients under 5 years	378	2,135	314	2,096
Total	12,829	284,177	11,022	267,822

14. Health visiting

(a) Accommodation

The shortage and high cost of suitable housing has continued to hinder recruitment of health visitors.

At some centres office accommodation is overcrowded and unsuitable but a welcome new development has been the basing of health visitors in group practice premises at a newly built surgery in Aylesbury and at two surgeries in High Wycombe. Increased co-operation and an extension of the scope of the health visitors' work has followed.

(b) Health visiting officer

The male health visiting officer appointed in September, 1969, following successful completion of his health visiting training is working in a three-doctor practice in the north of the county together with two health visitors. The medical practice is divided into three geographical areas and the male health visiting officer carries out the full range of health visiting functions within his area. Although not assuming full responsibility for mothercraft and ante-natal classes he holds an evening discussion group with expectant fathers.

The health visting officer also receives referrals from health visitors seeking his help with cases concerning old men, incomplete families and male adolescents. He also pays the first visits to immigrants in the Bletchley area to arrange chest X-rays and to make an assessment of the individual's or family's needs of health visiting or other statutory and voluntary services.

The senior partner in the general practice has laid particular emphasis upon the health visiting officer's skill in dealing with male adolescents both in helping to solve difficulties and in a preventive role. Mention was also made of the fact that the health visiting officer has helped the family units to readjust following repercussion and disruptions stemming from the problems of the adolescent. The general practitioner has found that the health visiting officer is able to relieve him of the continued support of certain patients whose care he had previously felt unable to delegate to any other worker.

(c) Statistics

The table which follows gives an indication of the work carried out by the health visitors during 1969, the corresponding figures for 1968 being shown in parentheses:

People visited for the first time during 1969		
Expectant mothers	2,798	(3,212)
Children under five years		
Children born in 1968	11,307	(10,820)
Children born in 1967	12,248	(9,368)
Children born in 1963-1966	22,367	(15,575)
Care of the aged		
Persons aged 65 or over	3,704	(2,810)
Number visited at request of general practitioner or hospital	2,466	(1,256)
Mental health		
Mentally disordered persons	315	(376)
Number of these visited at special request of general practitioner of hospital	296	(126)
Infectious diseases		
Tuberculosis households visited	375	(323)
Other	129	(37)
Immigrants (*Commonwealth*)		
Numbers visited	497	(535)
All others	3,653	(4,883)
Total visits		
Children under 5 years of age	119,449	(106,966)
All other visits	34,382	(28,254)

Other work

School health service

Sessions	413	(428)
Pupils' homes visited	4,645	(3,325)

Detection of deafness

Screening tests		
(a) performed	1,811	(1,022)
(b) assisted	1,111	(772)
Audiometry tests	385	(433)

Hospital liaison

Maternity	282	(263)
Chest	250	(212)
Paediatric	157	(101)
Other	128	(94)
Geriatric	72	(53)
Diabetic	49	(53)

General Practitioner liaison

Consultations at surgery	6,412	(3,313)
Other sessional work	890	(451)

Regular appointments

Child health clinics	4,844	(4,511)
Mothers' clubs	453	(442)
Group teaching	2,260	(2,128)
Chest clinics	99	(73)

(d) HEALTH SERVICE ASSISTANTS

The policy of employing health service assistants to relieve health visitors of as much routine work as possible continued. Indeed, with the policy of developing teams of nursing staff to work within general practice the valuable contribution made by these members of the staff especially in the school health service, prophylactic provision and visiting of the elderly is most important.

Details of their work during 1969 are shown in the table which follows:

Summary of hours worked:

School medical inspections and surveys	9,069
Clerical work	8,582
Child health clinics	7,528
Home visits	5,947
Vision testing	3,787
Audiogram clinics	3,232
Immunisation and B.C.G. vaccinations	2,871
Opthalmic clinics	503
Foot inspections	477
Chest clinics	474
Cervical cytology clinics	413

Home visiting work:

Children born in 1969	917
Children born 1964-1968	2,663
Visits to persons aged 65 and over	3,197
Visits to immigrants and others	1,831
Visits to school children	1,745
Visits on account of tuberculosis and other infectious diseases	186
Visits to expectant mothers	171

Detection of deafness:

Audiometric sweep tests	4,550
Audiometric threshold tests	3,128
Screening tests assisted	680
Screening tests performed	551

Figures for the previous year are not comparable due to a change from sessional to hourly recording.

15. Marie Curie Day and Night Nursing Service

Buckinghamshire continued to administer this service on behalf of the Marie Curie Memorial Foundation. A total expenditure of £1,510 5s. 11d. was incurred in assisting 45 patients.

The Foundation held a symposium in London in June and six of the Marie Curie staff from Buckinghamshire acted as stewards.

AMBULANCE SERVICE

(Section 27, National Health Service Act, 1946)

1. General

The demand on the ambulance service followed the trend of recent years. More patients were transported and more miles were covered.

Ambulance vehicles travelled a total of 1,910,401 miles as compared with 1,884,552 in 1968; this was an increase of 1.35%. In all, 272,412 patients were carried, this total being 23,670 more than the previous year's figure and representing an increase of 8.68%.

The growing demand on the service can be illustrated in another way. During 1968 when the population of the county was 568,110 a total number of patients representing 42% of the population used the ambulance service; although the population increase during 1969 was less than in recent years the number of patients calling on the service represented 47% of the total population figure of 578,210.

The increased demand was, however, offset by more efficient use of the vehicles available; the miles travelled per patient fell to a new low of 7.01 miles which was a very considerable improvement on the corresponding figure of 7.57 for 1968. There is no doubt that the bringing into service of vehicles with larger seating capacity would affect the ratio favourably but, nevertheless, the operational staff is to be complimented for their efficient planning of the required journeys.

2. Staffing

The overall staffing position at 31st December, 1969 was somewhat disappointing since there were 12 full-time posts vacant. These were mainly in the central and southern parts of the county. However, it was possible to bring the sub-station at Chalfont St. Peter up to strength so that it could become fully operational.

3. Training

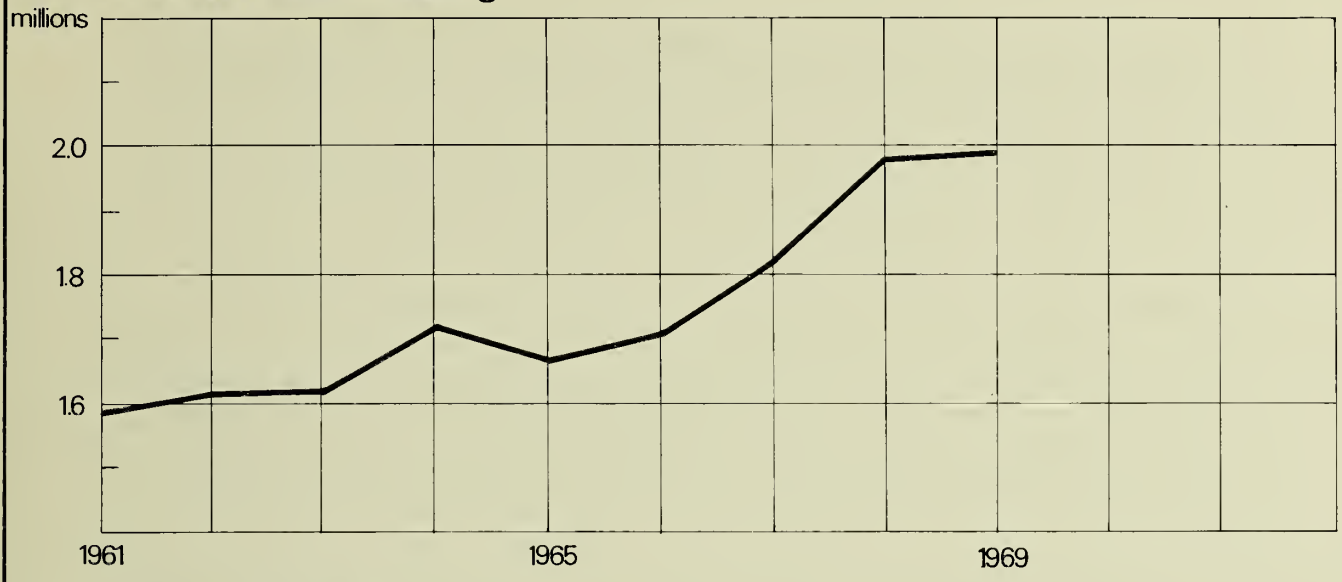
A phased training programme for ambulance personnel was introduced during the year.

During the first quarter a series of lectures which commenced towards the end of 1968 was completed successfully.

By mid-summer a national agreement had been reached whereby four categories of driver/attendants were created, each category associated with length of service and "Millar" type training and each category related to a particular wage structure.

As a result of this agreement an approach was made to the Ambulance Service Advisory Committee (Training), through the Department of Health and Social Security with a view to establishing suitable in-service training courses. With the approval of the Local Government Training Board a series of lectures and courses of instruction were arranged for all ambulance personnel with at least two years' but not more than five years' service. In all, five courses each of two weeks' duration were arranged, each complying with the "Millar" type training. Following satisfactory assessment on completion of each course the personnel attending qualified for the award of the proficiency certificate.

Total ambulance mileage



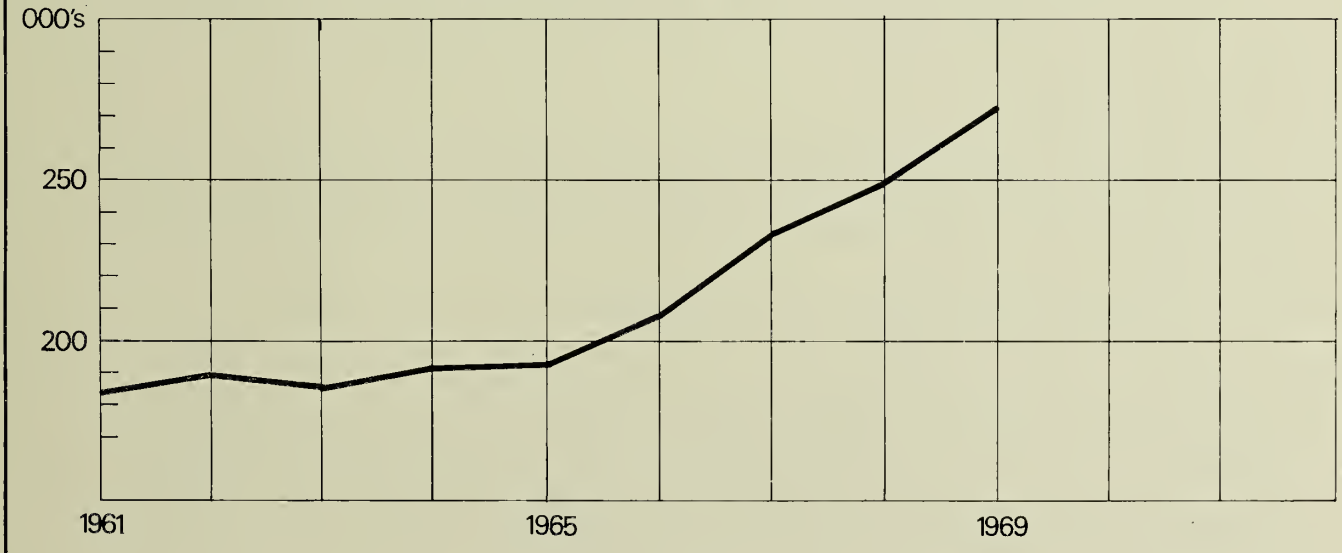
Average miles per patient

8.63	8.54	8.75	8.92	8.64	8.23	7.78	7.57	7.01

Patients conveyed by ambulance

Population of Buckinghamshire

491 400	505 130	515 920	528 010	532 990	542 020	552 470	568 110	578 210



In addition, a lecture supported by a demonstration with floor maps and models was presented at the four main ambulance stations so that all staff could become conversant with the major incident plan.

Over and above the considerable amount of training undertaken by the senior staff, the Assistant County Ambulance Officer (Training) and other officers gave some 32 talks and demonstrations on first aid and resuscitation to various schools and organisations in the county.

4. Vehicles

Very considerable progress was made during 1969 in re-equipping the service; 17 ambulances and 5 sitting case vehicles were replaced. In addition, the total vehicle strength was increased by 3 purpose-built vehicles equipped with rear mounted hydraulic tail lifts which are now required to meet the increasing demands for the transport of non-ambulant geriatric patients.

At the end of the year the total vehicle strength was 76 and the average annual mileage of each vehicle was 25,136.

Two civil defence corps vehicles were purchased, converted and equipped as ambulance control vehicles and stationed at Slough and Aylesbury ambulance stations where they could be deployed for use in the event of a major incident as communication centres for the medical services.

5. Car service

By the end of the year 5 drivers were operating with their cars in the High Wycombe, Beaconsfield and Aylesbury areas. During the year the cars transported a total of 2,625 patients on journeys involving an overall total of 51,668 miles.

The use of these cars freed ambulance vehicles from the often long journeys involving only very small numbers of patients.

6. Voluntary aid

The St. John Ambulance Association and Brigade and the British Red Cross Society again provided escorts and thanks are extended to them for their help throughout the year.

7. Major Incident Plan

In March, the county ambulance service along with other organisations participated in a simulated aircraft disaster exercise at Slough. This was arranged by the Slough Division of the Thames Valley Constabulary. The exercise was well presented and those participating were fully extended in their life saving tasks.

A comprehensive plan for dealing with any major incident that may occur within the county was finalised and circulated to all interested organisations.

In order to establish the effectiveness of this plan, exercise "Combine" was held in the Bletchley area on Sunday, 28th September; this was based on a simulated derailment at Swanbourne sidings situated to the north of the Bedford/Oxford railway line. Three railway coaches in various stages of repair and some sixty "made up" casualties were used. Controlled fires were also used to add further realism to the exercise. The site was some way from a secondary road and was further complicated by being cut off by a considerable number of railway goods wagons.

The weather was favourable for the exercise which, although taking a little time to gain momentum, provided useful experience for a wide range of nursing and medical staff as well as for other members of the emergency services. Generally, the exercise was most successful, emphasising the need for very close liaison between all the services concerned, and for a good communications system, preferably radio/telephony, complementary to the existing system.

8. Safe driving

Of the total of 140 driver/attendants eligible for the annual safe driving award organised by the Royal Society for the Prevention of Accidents, 113 were successful having had a year of accident-free driving.

9. Air travel

Five patients only were transported by air during the year this total being one less than in 1968.

HOME HELP SERVICE

(Section 29 National Health Service Act 1946)

1. General

The supply of home help during 1969 followed the expected trend; more cases were helped, more hours were worked, more elderly benefited from the service, but there were fewer maternity cases.

The table which follows shows the categories of patients helped and the corresponding figures for 1968 for comparison.

	Type of case	1969		1968	
(i)	Elderly (aged 65 or over)	2,183	(69%)	2,072	(67%)
(ii)	Chronic sick..	246	(8%)	245	(8%)
(iii)	Maternity	278	(9%)	339	(11%)
(iv)	Mentally disordered	24	(1%)	31	(1%)
(v)	Others	419	(13%)	406	(13%)
	Total ..	3,150	(100%)	3,093	(100%)

The total number of hours worked was 259,828 as compared with the total of 258,774 for 1968.

Cases receiving help under the good neighbour scheme are not included in these figures.

2. Administration

The Area Medical Officers of the four health areas continued to be responsible for the day-to-day administration of the service and they were assisted by Area Home Help Organisers and assistant organisers. The county home help organiser supervised the service generally and advised on matters of policy.

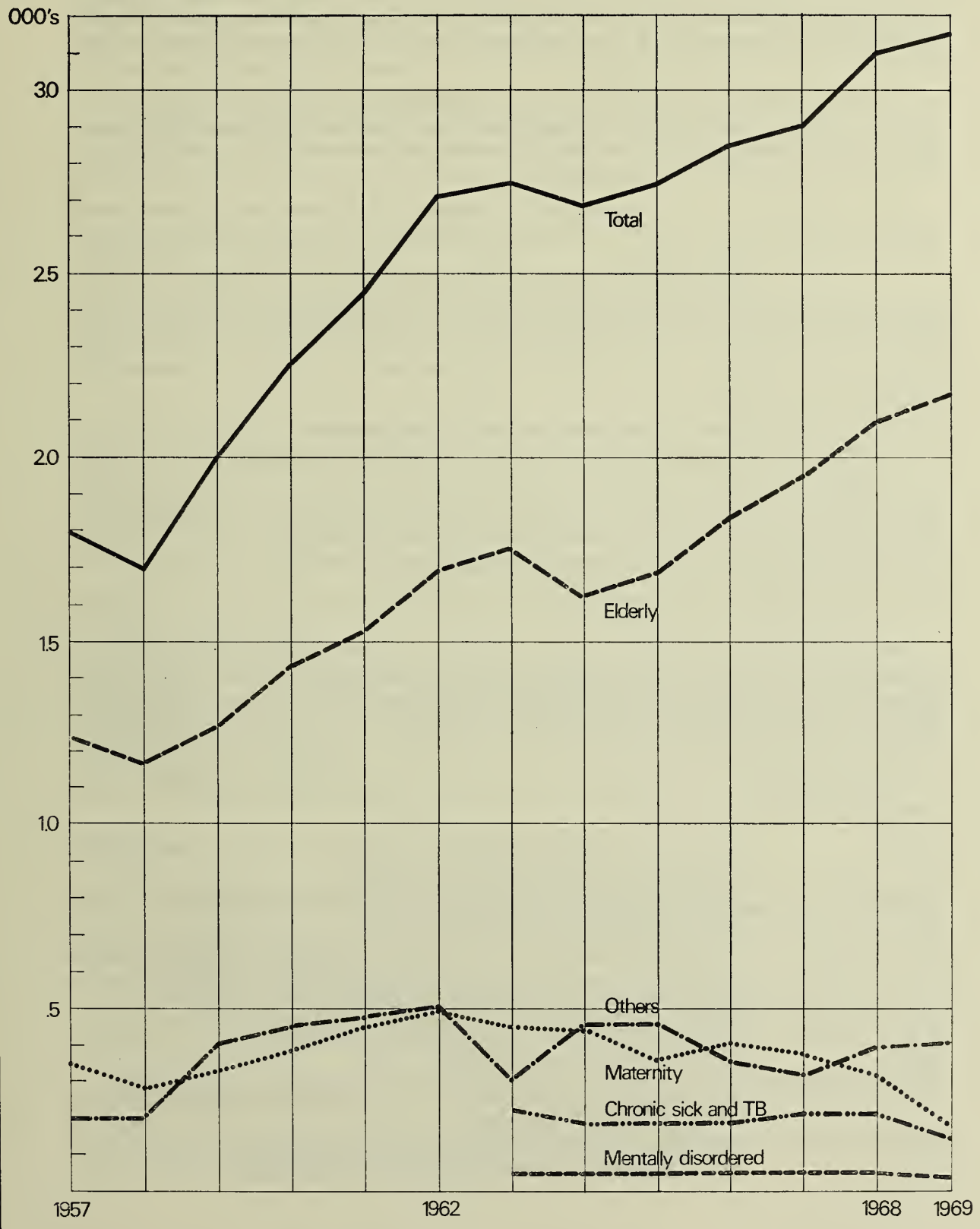
There were rather more staff changes during 1969 than in recent years; the area organiser in the North Bucks Health Area retired from the service and one of the assistant organisers left for domestic reasons; in the South Bucks Health Area one assistant organiser resigned to take up an appointment outside the local authority service; another assistant organiser resigned for similar reasons in the Wycombe area. It was possible to fill their vacancies fairly quickly, thus avoiding any interruption in the service.

An additional post of organiser was created and filled in the South Bucks area.

At the end of the year this service was staffed by the county home help organiser, four area organisers, nine assistant organisers and seven clerical staff.

Generally the organisers made every effort to visit all cases receiving home help at least every two months. Frequent visiting helped to maintain the organiser's relationship with both the home help and her patient.

Home Help Cases



3. Home help cadet scheme

As an aid to recruitment and in an effort to attract the younger generation, especially those just leaving school, to home help work it was decided to introduce a home help cadet course as a pilot scheme in one health area of the county.

To get the scheme off the ground the county home help organiser gave talks to school leavers at a number of secondary modern schools in the Aylesbury area. Discussions took place with the headmaster and careers master at each school about the scheme and in an attempt to discover if there were any students who might be interested in the project.

This recruiting drive proved successful, the number of school leavers who expressed interest exceeding the twelve places available on the course. The parents of the prospective cadets were interviewed and their consent obtained.

It was thought advisable to employ these students before the commencement of the course for a period of two hours a day during the summer holidays; in this way their interest was retained. During September 1969 twelve cadets were enrolled for the three-months course. This was held at the Aylesbury College of Further Education where the Principal and his staff went out of their way to ensure that the trial scheme was a success.

The syllabus for the course was planned with the following objectives:

(i) to impart knowledge and to develop skills which would assist the cadets in their work with patients;

(ii) to develop the ability to assess a situation, to plan and to carry out the necessary tasks, and to produce the best result with the most sensible use of time and energy;

(iii) to provide opportunities to acquire and to expand the basic skills needed in the home;

(iv) to provide experience in the use of equipment available in some homes and in methods designed to improvise when necessary.

The cadets attended the college for three days each week; on the remaining two mornings they worked in the patients homes; during the afternoons they visited hospitals, county welfare homes, children's homes, industrial units, occupational therapy centres, nursery schools and child health clinics; on some afternoons they accompanied home help organisers in routine visits to the homes of people receiving help.

The course programme was arranged so as to include one or more sessions each week on the following subjects:

Cookery:	Basic skills and methods required for cooking for a family, infants, invalids, convalescents and the physically handicapped.
Laundrywork:	Washing by hand and machine all fabrics found in the ordinary home and care of materials requiring special treatment.
Home management:	Daily and thorough cleaning of all rooms, furnishing and equipment. Cooking, washing and cleaning combined in assignments which were planned by the cadets and based on actual situations encountered in the home.
Household sewing:	Repairs and renovations; basic processes; use of machines.
First aid:	British Red Cross Certificate course.
Money management:	Budgeting, allocation of income; cost of food, fuel, housing. Methods of saving. Money value shopping.
Tutorial:	Opportunity for discussion concerning a wide variety of subjects with the course tutor who was a member of the staff of the college.

One afternoon a week was allocated to speakers from the Department; subjects of the talks included the health and welfare team; the history of the home help service; mother and baby care; elementary nursing care; posture and lifting; food hygiene and safety in the home; people who need help; care of the feet; aspects of the county ambulance service applicable to the work of the home help; and the training of nursery nurses.

The average cost per week for each student attending the three month course was £8 19s. 9d.; this included wages, national insurance contributions and travelling expenses. During this period the cadets undertook seven hours work each week in the homes of the sick and aged. This allowed the allocation of more time of the trained home helps to those patients in need of special care.

Course results and assessment: since the completion of the course;

(a) one student has decided to take up office work;

(b) one student was found to be unsuitable for employment as a home help;

(c) the other ten students are undertaking full-time employment as home helps although they also attend day release classes at the Aylesbury College of Further Education on two days a week.

Conclusion:

This was a well-worth while venture, although it did present problems. On the one hand the students required a great deal of supervision; this is being continued. On the other hand the students' training period coincided with the period of the influenza outbreak and they provided very valuable assistance to the old folks; they also took a great interest in the general welfare of the elderly.

Generally it is considered that the students are providing a valuable service for the community, especially the elderly; the pilot scheme achieved its objective of recruiting and training school leavers to work in the home help service; and it is hoped that a similar course will be held in another health area.

4. Good neighbour scheme

A total of 146 cases received help under this scheme during 1969, this being 18 less than the total for the previous year. The drop appears to have been due to some of the original cases being admitted to County Welfare Homes after it was found that they could not be maintained in their own homes even with maximum help from the community health team including good neighbours, home nurses, health visitors and social workers.

5. Training

In-service training was welcomed by regular home helps. Whereas some ten years or so ago the majority were not interested in training and had to be encouraged to attend courses arranged for their benefit. The present day home help accepts that she will benefit from attendance at courses which keep her in touch with new trends and new skills.

Although basically there has been little change in the basic course content over recent years every effort is made to include reference to new services; in this connection some advice and instruction will be included in courses arranged during the autumn of 1970 on decimalisation.

In the spring and autumn of 1969 a two-day introductory and a two-day advanced course were held in three health areas; four half-day courses were held in another health area.

The County Home Help Organiser attended the Home Help Institute week-end school which was held at Swansea University College and she also gave a number of talks.

PREVENTION OF ILLNESS ETC.

(Section 28, National Health Service Act, 1946)

1. General

The services which local health authorities may provide under this section of the Act are many and varied; some are referred to in detail elsewhere in this report but a description follows of those to which special reference is not made.

2. Chiropody

(i) Review of Service

(a) General

It was considered opportune during the year to review the chiropody service provided throughout the county. It was not until 1959 that the then Minister of Health advised all local health authorities that he was prepared to approve proposals for the provision under section 28 of the National Health Service Act, 1946, of chiropody treatment initially for the elderly, the handicapped, and expectant and nursing mothers.

(b) Present scheme

The scheme which has operated in the county since 1st June, 1961, with only minor amendment, allows the provision of chiropodial treatment free of charge for those elderly persons in receipt of supplementary allowances from the Department of Health and Social Security; the physically handicapped including those registered as being blind or partially sighted; mentally handicapped and diabetics; expectant and nursing mothers. Chiropodial treatment for patients in these groups may only be provided by state registered chiropodists.

Treatment is provided for the elderly on production of their retirement pension and supplementary allowance books; those in the other categories require a certificate of entitlement signed by a social worker; health visitor or midwife (in respect of expectant mothers).

Domiciliary treatment is available for the housebound but their certificate of entitlement can be signed only by a county social worker, since being housebound they will inevitably be registered as handicapped persons.

(c) Staffing

At the time of the review, the service was staffed by a county chiropodist, who undertakes professional duties and is responsible for day-to-day administration; one full-time senior chiropodist; three part-time chiropodists, undertaking sessional work in county welfare homes; five part-time chiropodists doing sessional work in schools; and 58 (including the part-time staff) undertaking work on a fee per treatment basis.

At the same time, there were two vacancies on the approved establishment for senior chirpodists; these vacancies having remained unfilled despite regular advertisement over a period of nearly two years.

The full-time chiropodists provide treatment for the residents in all the county welfare homes, except Sinkins House, Slough, Farnham Common House, and the Katharine Knapp Home, Tylers Green. Treatment at those three homes is provided by part-time chirpodists working on a sessional basis.

It is not considered that the coverage of these homes is adequate, since many of the residents are arthritic, suffer from impairment of their peripheral circulation, or are diabetics, and therefore in need of constant supervision. There is generally a need for these particular patients to be treated at frequent intervals and, in the circumstances, many of the other residents cannot even be treated at six-monthly intervals.

(d) Future development

It is accepted generally that the chiropodist is now a better trained person than when the National Health Service was introduced in July, 1948, having a wider range of techniques at his disposal; he is, therefore, able to contribute much more to the health of the community.

With this in mind, it was recommended that the chiropody service of the future should undertake all foot care, short only of those conditions requiring medical or surgical intervention. The chiropodist should be in a position to relieve some of the pressures on general medical practitioners; he should be able to provide preventive and curative care for children and young adults, as well as a palliative service for the elderly.

(e) Growth of scheme

It was agreed that the present scheme allows treatment to be given to only a small cross-section of the population. During 1968, the total number of persons receiving treatment was 4,810, whereas the Department of Health and Social Security estimated that there were approximately 19,500 pensioners in the county who were receiving social security allowances. In 1958, a survey of old people's domiciliary services in mid-Bucks showed that 48% of the people visited needed chiropidial treatment.

It was recommended that, in future, eligibility for treatment should be extended to include all persons of pensionable age, all the physically or mentally handicapped, and diabetics, and all persons in other age groups in medical need of treatment.

The use of mobile clinics to take treatment facilities to the rural area at regular intervals was recommended.

(f) Future staffing

Having regard to the general lack of suitably qualified chiropodists, it was decided that the present use of the services of private practitioners on a contractural basis should continue. However, future expansion of the service is to be based on full-time staff wherever possible.

Equally, any extension of the scheme to include all persons of pensionable age will have to await the availability of adequate staff and the necessary finance.

In the meantime, approval was given to certain re-grading of existing posts and to full-time chiropodists employed by the county council undertaking for payment additional sessional or domiciliary work outside their normal working hours.

As an aid to staff recruitment and retention, it was recommended that suitable students should be seconded to the three-year course on the understanding that on completion those successful would, if so required, work for the county council for a period of two years. It was also suggested that suitably trained chirpodial auxiliaries working in clinics and health centres under the supervision of qualified chiropodists should carry out simple pedicure, thus releasing the trained chirpodist for more complicated treatments.

In putting this last recommendation forward, it was appreciated that it might generate opposition from the professional bodies concerned, mainly for the reason that such an auxiliary, after a short period of duty, could start practising on his own account unless an amendment is made to the State Registration Act. Despite the prospect of this opposition, it was considered that the recommendation should be put forward for consideration.

(g) Other recommendations

It was accepted that, when the Hospital Car Service is well established, patients requiring treatment should be taken by car to clinics and health centres, thus minimising the need for domiciliary visits.

(h) Approval of recommendations

All the recommendations included in the review of the service were approved by the County Committee, subject to that referring to the extension of the service. This was amended to read "when adequate staff and necessary finances are available the present scheme should be extended, in stages, to include all persons of pensionable age and at that time it may be necessary to consider charges for treatment except in cases of financial hardship; the extension to be the subject of a full report of the full implications to a future meeting of the welfare sub-committee.

(ii) The Year's Work

An indication of the work carried out by private practitioners under the county council's scheme during 1969 is shown in the following table:

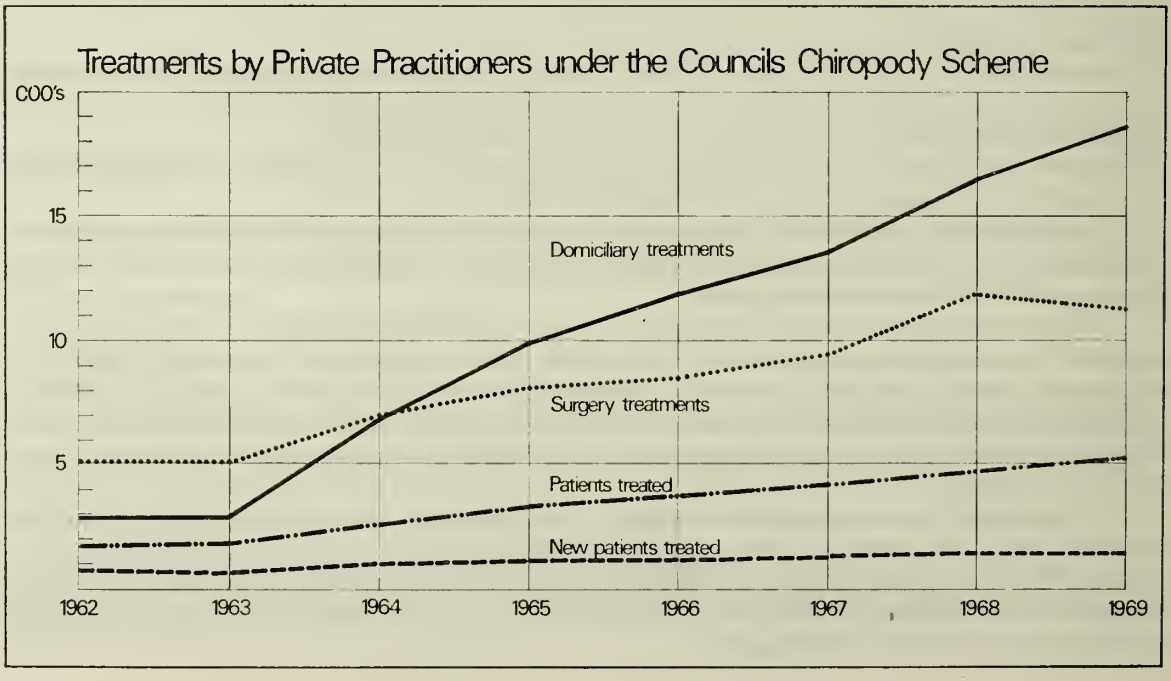
Total number of patients treated	5,065
Number of new patients	1,307
Treatments given at chiropodists' surgeries	11,372
Treatments given at patients' homes	18,972
Dressings where full treatment not given	429

The number of chiropodists employed on a contractural basis at the end of the year was 59, this being one more than the corresponding figure for 1968.

The graph which follows shows that there was a slight fall in the number of surgery treatments. On the other hand, the rise in domiciliary treatments noted in previous years continued.

During the year, a total of 3,238 treatments were given in welfare homes. The total number of treatments during the year under the county council's scheme, excluding schoolchildren, was 33,866.

Talks were also given on foot health to a variety of organisations in the county.



(iii) General comment

Although the service continues to expand within the resources available, it is clear from the present evidence that it is only coping with the tip of the iceberg. Civilisation apparently demands that we encase the intricate structures of bones, joints and soft tissues of the feet unnaturally in footwear that frequently bears no relation to the shape of the feet. This, together with the problems attendant on deformities and dysfunctions which beset the feet of the elderly, suggests that a higher rate of expansion of the service has much to commend it. Mobility is essential for the elderly infirm and handicapped to keep them independent and, therefore, perhaps not in need of more costly residential accommodation.

3. Provision of nursing equipment on loan

There was again an increase in demand for the loan of items of equipment required in the nursing of patients in their own homes and a total of 1,208 items were loaned to 1,053 patients.

The following tables give an indication of the items concerned and of the members of the nursing and social work staff who submitted the requests for consideration.

	1969	1968
Walking aids	403	339
Wheelchairs	209	177
Commodes	198	165
Drawsheets	67	50
Beds and mattresses	42	44
Lifting pole and chains	55	41
Bed cradles	37	30
Back rests	39	28
Rubber sheeting (in lengths)	25	28
Hoists and attachments	41	26
Fracture boards	34	21
Raised toilet seats	22	21
Mattresses	7	20
Air-rings	20	16
St. Anne's cushions	3	11
Ripple beds (hire)	5	2
Ripple beds (purchased)	1	—
Total	1,208	1,019

Social workers	490	371
Health visitors	175	216
District nurses	237	206
Medical social workers (hospitals)	105	146
Occupational therapists	46	—
Total	1,053	939

As in previous years, the scheme for the loan of this type of equipment for patients being nursed at home covers only those cases where the need for the equipment is likely to be temporary; where that

need it likely to be permanent or the items of equipment have to be specially made for the individual patient concerned, it is usual for the equipment to be supplied through the hospital service.

In addition to the equipment loaned under the county council's direct arrangements, the Buckinghamshire branches of the British Red Cross Society and the St. John Ambulance Medical Comforts Unit also make loans from their depots throughout the county.

4. Recuperative holidays

The number of persons for whom recuperative holidays were provided during 1969 was 120, this figure being six more than the corresponding total for 1968.

Recommendations for these holidays were made by family doctors, hospital consultants, health visitors, social workers and others. Those benefiting from the holidays, towards the cost of which they were required to make a contribution in accordance with their financial circumstances, were persons who although not requiring continuing medical or nursing care following illness did require the recuperative holiday to ensure their fitness for work, including household duties.

Where the payment of rail or other transport costs would have caused financial hardship for the patient and family, assistance was given towards the fares.

5. Artificial kidney machines

Arrangements continued during the year whereby use is made of artificial kidney machines in the homes of patients for the treatment of chronic renal failure.

The hospital authorities concerned consult the Department as soon as possible when it seems likely that a patient will be able to continue treatment in his own home in order that adaptions to the house can be started in good time. It usually takes from four to six weeks to train a pateint to use home dialysis equipment and it is obviously desirable that patients should be able to transfer to home dialysis as soon as they are ready so that hospitals can plan their intake of new patients.

The hospitals provide and maintain the intermittent haemodialysis equipment, supply the relevant medical services and pay for the cost of extra electricity and for the installation and rental of a telephone where this is necessary.

The County Council as the local health authority accepts responsibility for the cost of any necessary adaptations to the bedroom of the patient; where the necessary equipment can only be installed in the patient's home, which is owner occupied, by the provision of an additional room, the actual cost of erecting that additional room is financed by way of an interest-free loan from the County Council which is recovered by instalments which are assessed in accordance with the owner's financial circumstances.

County District Councils co-operate in these arrangements by providing a larger house for the patient if this is at all possible.

Facilities for home dialysis were provided for two new cases during the year, an additional water supply was made available for an existing case and at the end of the year the County Council had co-operated in the provision of home dialysis facilities for nine cases.

6. Venereal diseases

In view of the growing concern regarding the national increase in the incidence of these diseases, it seems appropriate this year to refer to the situation in Buckinghamshire.

Venereal diseases are not notifiable but there is a requirement that physicians in charge of the special clinics held at hospitals should send annual returns to the medical officer of health showing the numbers of new cases treated. Figures obtained from this source are not comparable with those given for notifiable diseases, since they merely indicate the numbers of patients treated at the clinics who are resident in Buckinghamshire. It may be that the location of the hospital gives some guide to the district in which the patients live, but it must be remembered that some persons deliberately travel a considerable distance from their homes for treatment of these diseases.

Any attempt to elicit more precise local statistics would be difficult to achieve without some risk to the confidentiality which necessarily exists between clinic and patient. It would be most unfortunate if even a small number of infected persons were discouraged from seeking treatment in the interests of statistical accuracy.

A cure for the patient who comes for treatment is only one aspect of the problem. Those who do not come for treatment must be identified as they provide a source of infection to those with whom they cohabit. For this reason, when venereal disease is diagnosed, the patient is asked to advise those with whom he or she has had intercourse to come to the special clinic or to see the family doctor for investigation. In this way an attempt is made to locate the source of infection and also to prevent further spread of the disease.

The following table shows the numbers of new Buckinghamshire patients attending the various hospitals during 1969, the 1968 figures being given in parentheses for comparison:

Hospital	*Syphilis*		*Gonorrhoea*		*Other venereal conditions*	
Royal Buckinghamshire Hospital (Aylesbury) ..	2	(1)	26	(45)	200	(132)
Wycombe General	29	(40)	90	(62)	265	(200)
Bedford General	—	(1)	2	(2)	5	(10)
Hillingdon	—	(2)	8	(9)	75	(47)
King Edward VII (Windsor) ..	8	(10)	100	(74)	306	(258)
Northampton General	—	(—)	3	(2)	21	(8)
Others	—	(—)	3	(—)	20	(1)
Totals ..	39	(54)	232	(194)	892	(656)

INFECTIOUS DISEASE

1. Vaccination and immunisation

Separate sub-sections were included in the annual reports for 1967 and 1968 giving details of the use of computer routines in connection with health records and, in particular, of appointment arrangements for immunisation and vaccination. The build-up of these arrangements has now progressed to such an extent that the great majority of immunisation and vaccination of pre-school children is done with the aid of computer-controlled appointments.

The arrangements for vaccination against measles received a severe set-back when, during March, serious reactions were reported in children elsewhere in the country following vaccination with one of the two strains of vaccine then in use. This particular strain was subsequently pronounced unsuitable for use in this country and by early May stocks of the remaining strain were exhausted. Only very small quantities of vaccine became available by the end of the year.

As a result of this interruption of the programme the total number of children protected against measles in the county during 1969 was distinctly disappointing; on the other hand the number of cases of measles notified was very much lower than would have been expected before the vaccine became generally available. In all 2,307 notifications of measles were received as compared with an average of 6,700 during the three previous corresponding years.

Reference was made in the report for 1968 to the new schedule of immunisation which had been adopted and the results of that change were still being reflected during 1969, in the numbers of immunisations carried out. Allowance for this change has to be made when the statistics are considered.

Under the old schedule the majority of children who were to be immunised could be expected to complete their primary courses of triple antigen by their eighth or ninth month. Many children completed their courses before reaching the age of six months. The longer interval between doses recommended in the new schedule means that no child can complete the courses until the age of ten-and-a-half months has been reached.

When allowance has been made for sickness, holidays and other delaying factors it will be appreciated that many children born late in 1968 could not complete courses of antigens until after the end of 1969. Because of this the number of primary courses completed during 1969 is still below the level achieved in 1967 but nevertheless higher than the total for 1968.

Another quite significant change brought about by the introduction of the new schedule is the reduction in numbers of reinforcing doses of dipthheria/pertussis and tetanus antigens given during the year. In all 11,647 children were given a reinforcing dose of diphtheria antigen, in most cases combined with tetanus, as compared with the total of 15,497 doses in 1968. The change was mainly in the 1-2 year old group and arose from the fact that the "booster" recommended at approximately eighteen months of age is not now considered necessary when the primary course is given in accordance with the new schedule.

Vaccination against smallpox only indirectly affected by the change schedule showed a further welcome improvement with 17½% more primary vaccinations completed and 32% more children re-vaccinated.

2. Study of children born in January, 1968

Due to the schedule changes to which reference has already been made the effect of computer controlled appointments cannot yet be judged from the annual statistics. It seemed, however, that after two years' operation some attempt should be made to evaluate the new procedures in the light of results obtained. Accordingly a detailed study was undertaken in January, 1970 and the results will be published in detail in the next annual report.

Generally, it would be reasonable to accept that the systems adopted in the county for immunisation and vaccination are achieving their main object of raising the level of protection amongst Buckinghamshire children. There remains one major problem which is giving cause for concern; at present slightly more than half the appointments made are not kept. Whilst it has to be accepted that there must always be a high failure rate because of childhood ailments, temporary absence and other causes, it seems reasonable to hope that the present situation is capable of considerable improvement. Consideration is, therefore, being given to means by which parents can be reminded that failure to keep appointments without adequate reasons results in wastage of medical, nursing and clerical time and wastage of postage and stationery.

3. Statistics

The table which follows shows the vaccinal state of children born on or after 1st January, 1968 as it was at the 31st January, 1970:

	Diptheria/Tetanus/ Pertusis			*Poliomyelitis*			*Smallpox*		
Children recorded (including those moved in and out of the county) ..		1,050			1,050			1,050	
Transferred out before protection ..	105			114			135		
Recently transferred in, consent not yet available	8			11			11		
Died, placed for adoption* before protection	5	118		4	129		5	151	
Available for immunisation		932			921			899	
Course completed		818	(87.7%)		814	(88.4%)		593	(66.0%)
Course in progress		65			66			6**	
Total commenced immunisation ..		883	(94.8%)		880	(95.5%)		599	(66.6%)
No immunisation notified		49			41			300***	
Consent refused, consent not obtainable, antigen contra-indicated ..		10			8			78	
Attending practitioners not in computer system, clinics outside county, service medical officers, etc.		35			31			90	
Available for computer appointments but not yet commenced course ..		4			2			2	

* Children placed for adoption are permanently suspended in the computer system record but, where appropriate, a new record is inserted when the new name is known.

** One or two unsuccessful attempts, third attempt not yet notified.

*** This figure includes 130 children whose smallpox vaccination is delayed due to late completion of triple antigen and/or poliomyelitis vaccination.

4. Notifications

A summary of the notifications of infectious diseases received during 1969 is given in table 1 on page 106 of this report.

5. Tuberculosis

The downward trend in recent years in the number of newly notified cases of tuberculosis was reversed during 1969 when 128 cases were notified compared with 109 in 1968 and 117 in 1967. Of the total notifications, 92 were respiratory and 36 non-respiratory.

In the Aylesbury and North Bucks area the new notifications were amongst Europeans and all age groups were represented in the 28 respiratory and 6 non-respiratory cases notified.

In contrast, the High Wycombe and Slough areas reported an increase in the number of newly notified cases of non-Europeans, especially in Slough where the majority of cases were Asians. In some of the cases of patients in the older age group there was extensive bilateral tuberculosis. Of the fifty-five cases notified in the Slough area, 33 were respiratory and 22 non-respiratory; of these 15 were Europeans and 40 Asians.

In the High Wycombe area there were 39 newly notified cases and of these 31 were respiratory and 8 non-respiratory; 20 were Europeans and 19 non-Europeans. In that particular area the increase in respiratory tuberculosis was largely in the older age group whilst the majority of non-respiratory cases were of tuberculosis endometritis.

Following general discussions the chest physicians in the county expressed the opinion that annual chest X-ray checks should be made on all school teachers. It was also proposed that old people awaiting admission to county welfare homes should have a chest X-ray before admission.

Protection against tuberculosis was offered to children prior to leaving school, to those students who had not been protected whilst at school, and to children in contact with, or thought to have been in contact with cases of tuberculosis.

The following table gives details of the numbers of persons offered protection during the year and the numbers vaccinated:

Area/ Division	Contacts				School Children			
	No. skin tested	*No. found positive*	*No. found negative*	*No. vaccinated*	*No. skin tested*	*No. found positive*	*No. found negative*	*No. vaccinated*
North Bucks	—	—	—	—	1,121	86	951	951
Aylesbury	—	—	—	—	979	38	941	941
High Wycombe	—	—	—	—	1,878	209	1,614	1,614
Amersham	—	—	—	—	1,077	38	851	851
Eton	—	—	—	—	534	31	463	463
Slough	—	—	—	—	1,344	150	1,093	1,093
Tindal Hospital	250	99	151	134	—	—	—	—
Upton Hospital, Slough	488	96	353	96	—	—	—	—
Wycombe Hospital	419	220	199	184	—	—	—	—
Total	1,157	415	703	414	6,933	552	5,913	5,913

HEALTH EDUCATION

1. General

Almost everyone concerned with the health of the public is aware of the change in the national pattern of death and disease during the last decade or so. Until comparatively recent times people died while still young from such diseases as scarlet fever, bowel infections, and tuberculosis, the spread of which was largely concerned with social and environmental conditions. Factors such as good housing, adequate water and sewerage schemes, and clean food, played an important role in ensuring their control.

Nowadays, however, the pattern of death and disability amongst the population has changed, and, as far as mortality is concerned, the main causes are diseases of the heart and arteries, cancer, bronchitis and pneumonia, and accidents in the home, on the roads and in industry.

As far as diseases which do not kill, but which cause suffering, are concerned, the main modern problems are mental disorder in all its forms, and the so-called degenerative diseases associated with the increasing longevity of the community. Important relationships have now been detected between certain of these illnesses and people's ways and habits of life.

For many years the Department has recognised the need for organised health education as an important activity in encouraging members of the public so to order their lives to protect their own health. Requests made to the Department during the year from groups and organisations, other than those in public health, seem to indicate that there is a growing realisation of this importance to educate the citizen (and especially the growing and developing child) to understand both himself, and his environment, if he is to enjoy a full and healthy life.

Such trends will increasingly involve the health education section in projects not only within the Department, but with spheres of influence outside, and particularly that of education, and the demand for both group and individual teaching will surely grow.

2. Group teaching

A very large proportion of health education is carried out through group teaching, and the following table gives details of such sessions held in the county during 1969, with the equivalent figures for 1968 given in parentheses:

Talks given by			*Talks given to*		
Health education staff	668	(647)	Ante-natal groups	1,709	(1,599)
Medical officers	107	(187)	Ante-natal groups attended by husbands	59	(66)
Health visiting, nursing and midwifery staff	2,182	(2,025)	Mothers' clubs	329	(318)
Dental staff	242	(121)	Schoolchildren	752	(736)
Other members of the County Council staff	261	(207)	Youth groups	168	(108)
Outside organisations and lecturers	194	(198)	Old peoples' clubs	17	(25)
			Parents groups	120	(216)
			County Council staff	136	(118)
			Other groups	133	(199)
			Student groups	231	(—)
Total	3,654	(3,385)	Total	3,654	(3,385)

The subject matter covered by these group sessions is given below:

Ante-natal instruction	1,709
Dental health	318
Growing up	307
Health and welfare services	268
Smoking and disease	143
Food and health	125
Mental health	123
First aid and oral resuscitation	97
Home safety	72
Ante-natal instruction (with husbands)	59
Food hygiene	22
Other	411
Total	3,654

3. Ante-natal group activities

The demand for group teaching on this subject was again emphasised by the fact that the number of sessions, as well as the number of women attending them, showed a marked increase over 1968.

The classes when husbands are invited to attend were continued, and here again the attendance at the sessions throughout the county indicated the popularity of such sessions.

Details of the classes are given below:

	Ante-natal classes		*For husbands and wives*		
Area	*No. of sessions*	*No. of women attending*	*No. of sessions*	*No. of women attending*	*No. of men attending*
Aylesbury	163	237	12	96	83
North Bucks	457	494	11	134	117
South Bucks	440	598	11	291	280
Wycombe	649	1,072	25	500	485
Total	1,709	2,401	59	1,021	965

4. Mothers' clubs

This movement in the county, with its thirty-eight clubs, continues to flourish, and to play a very active part in assisting the Department to pass on health information, particularly in the field of child development. As usual a study theme for the year was accepted by the members, and this year it was "the development of the individual from birth to death."

The news letters of the South Bucks area continued to be a useful means of disseminating information and linking the clubs of that area.

5. Other activities

Much of the work of the health education section which has now become routine practice was carried on throughout the year. This included participation in in-service training courses organised

by the various departments of the County Council, both by way of lecturing and through the provision of source materials.

One of the area organisers continues to be responsible for lectures to first and second year nursery nurse students, and talks and visits were also arranged for a variety of others such as R.A.F. personnel, university students, medical and health visitor students, trainee teachers, overseas visitors and candidates for the Duke of Edinburgh Award Scheme.

Members of the department are encouraged to participate in health education wherever this is possible and they are kept abreast of new audio and visual aids as they become available. In this respect 8 mm. cassette projectors purchased towards the end of the year are already proving very successful in child health clinics for demonstrating such subjects as home-safety and feeding bottle sterilisation.

During the year the section was called upon more than ever before to assist various projects by the provision of coloured slides from photographs.

6. Special activities

As a health education section becomes more widely known and it becomes appreciated that health education embraces living in its widest sense and not solely physical well-being, its services are called upon by a variety of organisations. Brief details of a number of special projects, in which the section was actively engaged, are given below, and these will demonstrate the growing need for health education.

Courses of twelve lectures on the subject of "Helping the handicapped" were prepared and organised in conjunction with the Workers' Educational Association in the Wycombe and Aylesbury areas.

Many people in the Aylesbury area felt that an information service should be provided to assist young people, and meetings were held representing various interests in this direction. It was decided to open a Youth Information Centre, staffed by experienced counsellors, for an experimental period of six months. The section played a leading role in bringing this service into being.

The Chalfont Centre for Epilepsy asked for assistance in educating some of their residents in health subjects, and the section, in conjunction with Dr. B. H. Burne, organised a series of classes throughout the autumn.

The Home Safety and Health Quiz was again very popular with women's clubs in the South Bucks area and the project was extended to include old people's clubs. An innovation in the form of a "quiz wheel" made this project even more successful than before.

7. Health clinics

An exhibition on dental health with films was circulated to twelve child health clinics in North Bucks, accompanied by a dental auxiliary who answered questions from the mothers and encouraged them to take greater interest in this sphere of child health.

A small exhibition on foot health, together with a film, was circulated round the child health clinics in the Aylesbury area, accompanied by the County Chiropodist to give help and advice to mothers.

The Health Education Council carried out a poster campaign and survey on the subject of smoking and health and the section participated during October by the wide circulation of the specially prepared posters.

Working with the Cytology Department at Stoke Mandeville Hospital, the section helped to encourage more women to have the cervical smear test taken. This campaign was undertaken mainly through the places of employment with the assistance of the Aylesbury Industrial Group.

8. Exhibitions and displays

As in previous years, displays were mounted in the child health clinics, nursery schools, and elsewhere throughout the county as a regular feature, and these were changed monthly to ensure that the subject matter was fresh and topical.

To meet its special needs the section designed its own leaflets and posters on a variety of subjects and these were produced by the County Council's own printing department, which proved to be both saftisfactory and economical.

Small exhibitions were prepared for a variety of sites and the following brief details once again give a good appreciation of the multiplicity of subjects that are continually being covered.

Careers—Department of Health and Welfare—Careers Exhibition, Wolverton.

Clean Food—displays for shop windows.

Home Safety—displays for circulation in libraries, etc.

Home Safety—display for event involving ambulance organisations.

Home Safety—display for event organised by a church.

Babies on Strike (general child health)—Slough area.

Dental Health—numerous sites throughout the county.

Smoking and Health—Bucks County Show.

9. Health education—schools

An ever increasing proportion of the health education staff time is needed for participation in school health education programmes. The year saw a significant development in this direction and this is reported more fully in the section of the report dealing with the School Health Service.

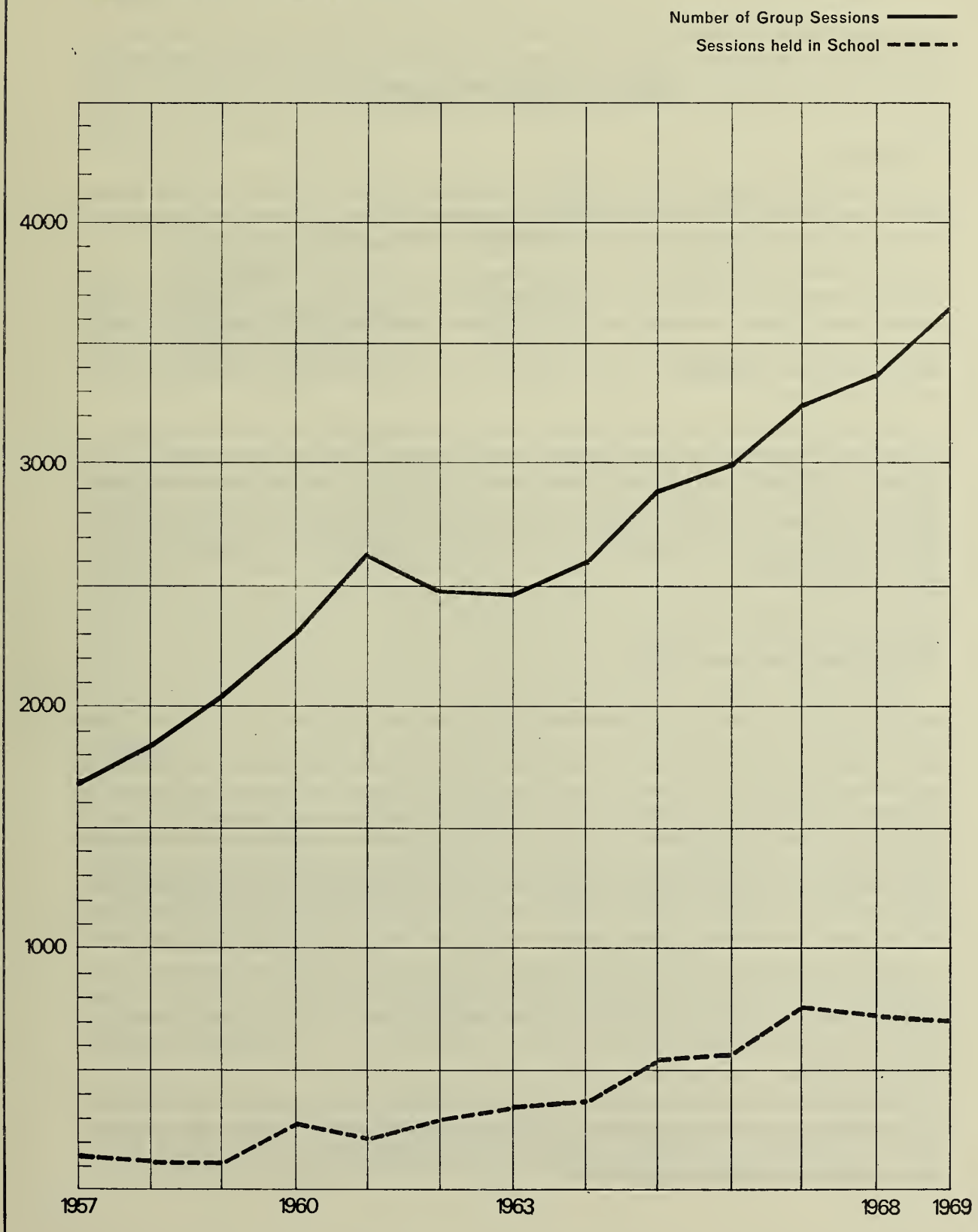
In addition to being involved in 231 lectures to student groups, the staff of the department gave 752 lectures to school children on health subjects.

10. Staff

Miss M. B. Hayward, Area Health Education Organiser for North Bucks, returned to full duties in June, after successfully completing the Diploma in Health Education course of the University of London Institute of Education.

The addition to the staff of a technical assistant has enabled the section to provide a variety of visual aids to assist people actively participating in health education in the field, and to ensure that the variety of equipment used throughout the county is maintained in an efficient and safe condition.

Health education · number of group sessions and sessions held in schools



MENTAL HEALTH SERVICE

1. General

The year saw the acquisition by the county council of the hostel and workshop at Elliman Avenue, Slough, from the National Society for Mentally Handicapped Children. This took place on 1st April, 1969, and the premises were renamed Elliman House and Elliman Avenue Industrial Unit.

With the continuing trend towards the treatment and care of mentally-disordered persons in the community rather than in hospital, it is essential not only that the programme for the provision of new premises should continue to expand as rapidly as resources permit but also that the county council's services should be closely co-ordinated with those of other bodies, such as hospital boards and housing authorities, in order to provide a continuous range of services for those individuals and families who are in need of them.

Criteria for admission to hospitals for the mentally handicapped are now more stringent than in the past and the hospitals have many patients who really require places in the community. A large number of middle-aged mentally handicapped people will have to be provided for as their families cease to be able to manage them. As well as places in hostels for the more handicapped, others will need supervised flatlets or helpful lodgings and these will need the support of social workers. Even more co-operation and active assistance will be needed from the public in order to make community care a successful reality.

2. Administration and co-operation

Responsibility for the day-to-day administration of schools and industrial units for the mentally handicapped in the Aylesbury and North Bucks health areas was transferred during the year to the Area Medical Officers concerned. This brings the administration of these services into line with the system which has been in operation for some years in the Wycombe and South Bucks health areas and which enables decisions on matters such as admission to schools and units and the provision of transport to be taken at a level closer to the members of the public who are being served. Forward planning of the future development of the service and co-ordination of policy implementation over the county remains the responsibility of staff at County Headquarters. Administration of residential accommodation also remains a central responsibility, since hostel residents are normally drawn from more than one of the four health areas of the county, although the closest possible co-operation with staff working in the areas is, of course, needed to enable the service to respond flexibly to local needs.

It has been announced in Parliament that responsibility for the provision of schools for the mentally handicapped (or junior training centres as they are generally known outside this county) is to pass from Health to Education Committees of local authorities; although no date for the transfer was given in the initial announcement, useful discussions between officers of the departments concerned have taken place.

Hospital psychiatric treatment teams covering specific areas of the county have now been established and this arrangement makes possible a much closer liaison between hospital and community services; regular meetings of both local authority and hospital staff have further assisted the co-ordinated planning of mental health services.

3. Staff

Two teachers having completed their courses and obtained recognised diplomas under the council's training scheme returned to their posts during the year and one teacher, one industrial unit manager and one instructor commenced training courses in September, 1969. The table below shows the proportion of qualified staff employed in schools and industrial units for the mentally handicapped in the county at 31st December, 1969.

	Schools		*Industrial Units*	
Holding diplomas recognised by the Training Council for Teachers of the Mentally Handicapped	Head Teachers Teachers	2 7	Managers Instructors	2 2
Holding certificate of recognition of experience	Head Teachers Teachers	1 1	Managers —	1
Holding other qualifications relevant to teaching the mentally handicapped	Head Teachers Teachers	1 3	— —	
Not holding teaching qualifications	Teachers	17	Managers Instructors	2 19

A two-day training course was held at Missenden Abbey for staff of both schools and industrial units, while regular in-service training sessions were started during the year for the staff of hostels.

There have been continuing difficulties in recruiting staff for work in the council's residential hostels, although this has not applied to the same extent at those hostels with a good standard of accommodation for resident staff. In view of this, it is planned to provide two-bedroomed flats for senior staff in all hostels where this is architecturally feasible. The position at Oaklands has been particularly difficult and the number of residents there has had to be restricted owing to staff shortages. Staff shortage in a residential setting results in a severe strain being placed on those remaining and the selfless way in which the staff involved have coped with such situations needs to be acknowledged.

4. Schools

Schools for mentally handicapped children, administered by the County Health Committee, are provided at Bletchley, Aylesbury, Chesham, High Wycombe and Slough, all except that at Blecthley being purpose-built. Development plans include

(a) the replacement of Queensway School, Bletchley, by purpose-built premises for 120 children which will include special care facilities.

(b) A new school at Aylesbury planned to provide a continuous range of care in conjunction with the Manor House Hospital which is also to be redeveloped.

(c) Extensions to provide a total of 100 places, including special care facilities, at Heritage House School, Chesham.

(d) Extensions to provide a total of 120 places at a new school to be built at High Wycombe including a special care section, temporary extensions being made to Vinio House School, High Wycombe, to ease the shortage of places during the planning and building stages of the new school.

(e) The provision of a special care unit as an addition to the Evelyn Fox School at Slough.

Whenever possible, children are admitted to the schools as soon as they are developmentally ready to benefit from the facilities provided, this being decided following a detailed assessment by a specially trained doctor assisted where necessary by an educational psychologist. In addition, appropriate follow-up assessments of progress are carried out regularly. The school curriculum is designed to enable the children to reach their maximum potential in the field of education, social competence, psychological development and, ultimately, in their future occupations. Children receive the facilities of the school health service and transport is provided where necessary.

Extra-curricular activities for the children include various outings, examples of which were a visit to the Beaconscot model village by the children of Heritage House School, Chesham, and a visit to a pantomime by those at the Evelyn Fox School, Slough.

Parent-teacher meetings were held regularly at schools, while older children from neighbouring secondary schools and other voluntary workers gave valuable assistance during the year.

5. Industrial units

Units where mentally handicapped adults are trained in an industrial environment are provided at Bletchley, Aylesbury, High Wycombe, Chesham and Slough.

The units provide industrial, social and further educational training for those who on leaving school are not yet ready to enter open employment. Many trainees are, however, not able to reach this level even after training, as was demonstrated by the fact that it was possible to place only four in open employment during the year. This means that the units provide long-term and often permanent occupation for the majority of those who attend them. Although this is appropriate for many, there remains a considerable group who have reached a functional level at which a more demanding occupational environment would be beneficial to them but who cannot quite manage open employment. Their needs would be met by the establishment of sheltered workshops where employees earn wages sufficient to support themselves and the provision of these in Buckinghamshire would result in a substantial improvement in the total pattern of services for handicapped people.

Work commenced during the year on the provision of additional accommodation at Whaddon Way Industrial Unit, Bletchley, which will increase the number of places to 95 and it is hoped that this will be completed in 1970.

Bierton Road Industrial Unit at Aylesbury has reached the limit of its capacity and is due to be extended partly by the conversion of the adjacent Park School when this moves to new premises to be built nearby. Trainees at the unit are carefully assessed both from a medical, occupational and social point of view, so that a balanced programme of training can be drawn up for each individual.

Increased accommodation is badly needed at High Wycombe and it is planned to erect larger purpose-built premises in the near future.

Nalders Road Industrial Unit at Chesham is due to be extended to provide a total of 80 places. As with other units in the county, that at Chesham not only offers a wide variety of training but also encourages social activities. These included a visit to a flour-mill and bakery, a visit to the Isle of Wight by coach and hovercraft and the usual Christmas Party.

Since the acquisition of Elliman Avenue Industrial Unit, the new premises have been used for training through industrial techniques and the older unit at Oatlands Drive, Slough, mainly for further education and general social training; those who are able to benefit from both industrial and social training attend both centres.

6. Numbers attending schools and industrial units

The numbers of those on the registers at the end of the year are given in the table below; the figures in parentheses which refer to 1968 being given for comparison.

	Schools						*Industrial Units*					
	Boys		*Girls*		*Total*		*Men*		*Women*		*Total*	
Bletchley	14	(15)	17	(12)	31	(27)	38	(37)	17	(20)	55	(57)
Aylesbury	29	(32)	13	(14)	42	(46)	25	(22)	23	(17)	48	(39)
Chesham	29	(31)	20	(19)	49	(50)	12	(11)	12	(12)	24	(23)
High Wycombe ..	27	(24)	22	(24)	49	(48)	27	(27)	19	(13)	46	(40)
Slough	39	(41)	29	(30)	68	(71)	34	(26)	37	(30)	71	(56)
Total ..	138	(143)	101	(99)	239	(242)	136	(123)	108	(92)	244	(215)

7. Hostels

In future, each of the hostels will provide as far as possible for the needs of a particular area of the county. In this way, it is hoped that each will become better known to all the workers in the health and welfare professions who may wish to use it and to local voluntary organisations and groups who wish to work for the benefit of their own communities.

North Bucks

Walnuts Hostel, near Bletchley, had ten children resident at the end of the year. The autistic group spent the whole day at Walnuts for special training, while others attended Queensway School. Three children were attending the autistic unit daily from home. All the resident children return home each weekend and for school holidays but the hostel is also used for short-term care during the holidays.

Norrill had 25 men resident at the end of the year, the great majority of whom were mentally handicapped and relatively young. With the passage of time, the proportion of long-stay residents there has increased and will continue to do so because of the great need for long-stay care. Although progress is slow, very real and lasting help has been given to some residents and their families.

Aylesbury

Rosebank Hostel accommodated seven children at the end of the year, all of whom attended the Park School daily, returning home each weekend and during school holidays. It also provides periods of short-term care during school holidays. The hostel has not always been fully staffed and this has resulted in the number of children there being lower than the building could accommodate.

Oaklands Hostel had 18 female residents, of whom ten had come from St. John's Hospital after a period of mental illness. Because of its proximity to the psychiatric hospital, Aylesbury is in particular need of separate hostels for the mentally ill and for the mentally handicapped and a new hostel for the former group of residents is planned as part of the development programme.

High Wycombe

Meadowlands Hostel, which in general accommodates a more severely handicapped group of persons than the other hostels, and has a very slow turnover, is usually full. Twenty-eight residents were there at the end of 1969, including eight elderly mentally infirm persons. The two temporary care

places were well used during the summer period especially and a number of homeless persons were accommodated for short periods in emergencies. Despite constant difficulties in finding sufficient staff, it has proved possible to contain and support in this setting some very severely handicapped persons.

When the new children's hostel is built at Wycombe it should no longer be necessary for children from the area to travel long distances for weekly boarding at Aylesbury and Bletchley.

Slough

The acquisition of Elliman House during the year has considerably extended the scope of residential provision available for mentally disordered persons in the county. Many of the original residents are maintained there by other local authorities but, as they complete their training and leave, their places are being filled by young mentally handicapped people from Buckinghamshire; new residents have come from Leavesden Hospital and from the local community. The hostel aims to enable its residents to make the maximum use of their capacities to live a full and natural life; the use of group methods enables residents to take a great deal of responsibility for their own lives and is proving particularly valuable as a means of forestalling the development of social crisis situations.

8. Other residential care

(a) Short-term

The following table gives an indication of the number of admissions arranged during the year for short-term residential care, figures for 1968 being given in parentheses.

	Under 16				*Over 16*				
	Boys		*Girls*		*Men*		*Women*		*Total*	
National Health Service Hospitals	38	(45)	19	(24)	3	(2)	3	(6)	63	(77)
Local authority residential accommodation	8	(8)	9	(8)	2	(3)	5	(5)	24	(24)
Elsewhere	3	(—)	—	(—)	—	(—)	1	(—)	4	(—)
Total ..	49	(53)	28	(32)	5	(5)	9	(11)	91	(101)

(b) Permanent care

The number of patients on the waiting list for admission to hospitals for the mentally subnormal is given below, figures for 1968 being shown in parentheses.

	Under 16				*Over 16*				
	Boys		*Girls*		*Men*		*Women*		*Total*	
In urgent need of hospital care ..	38	(28)	15	(14)	11	(8)	5	(—)	69	(50)
Not in urgent need of hospital care	1	(6)	6	(5)	6	(8)	3	(5)	16	(24)
Total ..	39	(34)	21	(19)	17	(16)	8	(5)	85	(74)

9. Registered homes

The following private residential homes for mentally disordered persons are registered by the county council under the Mental Health Act, 1959.

Name	*Registration*
Lynwood, Woburn Sands	6 severely subnormal men
Mount Tabor, Wingrave	7 severely subnormal women and 12 severely subnormal girls.

10. Social clubs

Grants were made during the year to three social clubs organised by voluntary bodies for persons with mental disorders.

11. Guardianship and hospital admissions—Mental Health Act

At the end of the year, only three cases remained under guardianship.

Details of hospital admissions during 1969 are given below, figures for 1968 being given in parentheses.

For observation	(Section 25)	216	(221)
For treatment	(Section 26)	14	(32)
In emergency	(Section 29)	37	(21)
By order of court	(Section 60)	1	(—)
	Total ..	268	(274)

12. Preventive Psychiatry

Dr. Edith M. Booth, consultant psychiatrist, kindly submitted the following report on her work during the year:

"It is never easy to report on preventive psychiatry for it is a subject in which there is no established precedent, progress appears slow and results difficult to evaluate. If any conclusions are to be drawn from a report, the psychiatrist who produces it might, perhaps, be allowed to report at intervals of a decade, rather than a year. However, during the three decades in which I have been associated with the work, I notice a change for the better, in the attitude of both professional workers and the general public towards the subject of mental illness and the means we have (meagre as they seem to be at present) of curing and preventing it.

I regard preventive psychiatry, today, as concerned with teaching mental hygiene, much as, a hundred years ago, preventive medicine taught through physical hygiene, ways of preventing illnesses, e.g. diptheria, tuberculosis and cholera which were then so prevalent. Preventive psychiatry is a recent development in the field of public health, and methods of practising it vary from one psychiatrist to another and, from time to time, with the same psychiatrist. Opportunities for teaching positive mental health have to be taken as and when they occur. This applies not only to the instruction of professional social workers employed by the local authority, but to the general public.

Early in the year a series of six group discussions took place between myself and the Aylesbury health visitors. The main subject which was discussed at length was depressive illness, of all types and degrees of severity, as it affects the child (though rarely), the adolescent, the old person and the child-bearing woman. I regard it as very important that all social workers should be able to recognise depression as an illness. It is, perhaps, of especial importance to the health visitor, whose contact with the family is so continuing and intimate. She has recurring opportunities for influencing public opinion, as well as for helping families in their social adjustment. A similar discussion on child behaviour and development was held with a mixed group of social workers at Little Chalfont. Frequent opportunities for group discussion with medical officers, health visitors and other workers followed the showing of various films made for the purpose of health education; the film, whether good or bad, provided a starting point. I also gave, as part of an in-service training course for people who work with the mentally handicapped, a lecture on the conduct and management of the subnormal individual.

I am pleased to recall that, during the year, I had frequent personal discussions with individual social workers. I regard it as essential that all those involved in social work and casework should have opportunities of discussing their work. Most social workers, especially those to whom casework is new, need help in understanding and tolerating, their own feelings about their work.

With regard to the non-professional public, I gave, during the year, thirty evening talks to various clubs. They included mothers' clubs, young wives' clubs and parent teacher organisations, the last named bringing in fathers, as did the society for parents of mentally handicapped children whom I addressed both in Aylesbury and High Wycombe. All these evening talks were on subjects asked for by the clubs, and the range was wide, covering mental health in childhood, adolescence, the child-bearing period and, in two cases, the menopause. All talks were followed by questions and two were accompanied by a film.

As regards work done in schools, I regret that I was not asked to do more, although health visitors and health education officers supply the tuition in health and hygiene, both physical and mental, required by pupils. I was, however, interested in a club run voluntarily by a woman teacher in a secondary modern school for the leavers. It met in their free time, both teacher and pupils staying on after school hours. I enjoyed talking to them on two occasions in January and February and we had most interesting discussions, in which pupils and several teachers took part. The discussions followed from the talks which were concerned with female development from childhood to maturity. I regard this kind of effort on the part of teachers and girls as very worthwhile and would like to be invited to see it working in other schools. The teacher who puts so much effort into this venture is to be congratulated.

With the help of the health education officers I gave six lectures in various schools in the High Wycombe area. These were all on drug misuse, dependence and addiction—subjects which are rightly of great concern to parents and teachers. I also gave a lecture on the same subject to a large school in the north of the county but without the film. All these lectures were to adolescent pupils, usually school leavers, of both sexes. At my request and for obvious reasons, teachers were not present. I feel, however, that teachers should be given the opportunity to learn about the subject of drugs, which presents a serious and growing problem especially in connection with adolescents.

Drug misuse has already grown into a problem which is too large to be dealt with by preventive psychiatry alone. For example, we have no certain knowledge of why drug addiction has spread so rapidly in this and other European countries over the past few years. We do not know the best way of preventing children from misusing and becoming addicted to dangerous drugs. I tried to find out how much the children to whom I spoke were impressed by films and how much by true descriptions of the harmful effects of drugs, but my series was too small to enable any conclusions to be drawn.

We do not know, for instance, at what age we should begin to instruct children on the subject and we have no films which are entirely satisfactory. Many of the films we have were made for American consumption and do not necessarily apply to this country. The drug scene in this country and indeed in our own county is changing so rapidly that no one person can keep abreast of it. The problem is urgent, and the time seems to have come when a serious and concerted effort should be made, by all the disciplines involved, in an attempt to solve it. We owe this to our children and the parents of future generations."

13. Buckinghamshire Association for Mental Welfare

Mr. H. G. Sackett, Honorary Secretary of this Association, kindly submitted the following report on the work undertaken during the year.

"The Executive Committee of the Association met on four occasions during the year; three new members were welcomed—Mrs. D. C. Watt, Mrs. P. J. Edwards and Mrs. J. L. Cranmer. Miss Kathleen Jowett, a member of the Executive Committee, was co-opted to the County Health Committee.

The Annual General Meeting was held in the Council Chamber at County Hall, Aylesbury, in June when Dr. A. Gatherer, Medical Officer of Health for the County Borough of Reading, spoke on the subject of '.Mental health, the community's challenge."

Grants were made by the Association for clothing, footwear, bedding, fares, holidays and for a variety of services which could not be provided from statutory sources. The grants were made from donations from a number of sources including the Mental Health Trust and the Aylesbury Association of Jewish Women. The Association was most grateful for this support and hopes that it can be continued in future years.

Arrangements continued whereby coaches were provided to take visitors to the Borocourt and Peppard Hospitals from Aylesbury, Amersham and High Wycombe. A deficit was incurred in providing this well worthwhile facility but it was decided that the fares should not be increased so as to avoid any financial hardship for those relatives using the coaches. It is quite clear that, without this direct service, most relatives would find it extremely difficult to visit these hospitals.

Apart from the Executive Committee, the Association has no active membership but, when the need arises, help is sought from a number of persons who are likely to be interested in any mental health matters. The Executive Committee is now trying to build up an active membership of the Association so that mental health projects can be undertaken.

In this connection, a group of interested persons in North Buckinghamshire is endeavouring to start an active voluntary association for the mentally disordered which can act as a focal point for all types of need and interest. This group has the interest, support and good wishes of the Association."

SOCIAL WORK

1. Practice

The development of social work services continued during the year. The emphasis was on consolidation of methods, a unified practice and a more comprehensive approach to the total field of social work. Each area had many demands to meet for social work help and was fully extended in doing so. There is no doubt that an individual case-work service remains a very important part of the many unmet needs for social services in the community. Regular case conferences are held in each area with the psychiatric and geriatric hospital staff and co-operation between the two services is active. The kinds of problems facing community social workers were the same as those recorded last year with the same emphases on the needs of the infirm, the elderly and psychogeriatric patients.

No attempt has been made to total the number of cases helped by the social workers during the year. In other parts of the report there are figures which show the range of social work. Applicants to residential care of all kinds, to the industrial units and schools for the subnormal, newly registered blind and physically handicapped, most patients having convalescence, families in the rent guarantee scheme—all these people and others with many and varied problems are part of the social workers' case loads. Regular contact is maintained with the matrons of the welfare homes to help with residents' social problems when necessary. A senior social worker on the headquarters team has special responsibility for the mental health hostels and this involves individual work with some residents as well as a wider role in co-ordinating social care and sharing with the medical, administrative and hostel staff in the total management of the hostel programme. Numbers alone however only give a partial and sometimes misleading guide to the volume and type of work undertaken. One area team estimates that, out of an average of 60 new referrals per week, 40 cases will have more than one contact with the social work service. A single interview can also often require much professional skill and time. Another area comments that the number of people coming to ask for advice and help on their own initiative is increasing and that this has reached as much as 40% of the total number referred for social work help.

This has been the first full year with a principal social worker as professional head of the social work service in the department. She meets the four area welfare officers regularly to discuss professional policy and the management and development of social work services. A high standard of fieldwork implies professional involvement in decision-making processes at central offices both on individual cases and on the development and objectives of future policy and planning. These have become a co-ordinated exercise between medical, social work and administrative staff.

The principal social worker served on the working party for blind welfare services which was set up jointly by the department and the voluntary Association for the Blind. A review of case records for blind and partially sighted persons in two areas was undertaken for the working party as part of the information needed in order to make clearer the contributions of both the professional and the volunteer in the welfare of visually handicapped persons. Three of the social workers are members of the working group on social work services for Milton Keynes and this too has involved a wide range of forward planning and thinking about the future of services.

During the year the senior social worker with special responsibilities for mental health hostels produced a report reviewing the department's programme for mental health hostels and possible areas of future progress. Developments in this part of the social work services have included regular case

conferences in all the mental health hostels. These are proving valuable in developing a sound basis for co-operation between residential and field workstaff as well as acting as a forum for opinion and a consultative service to the hostel and fieldwork staff.

Both the working party report on welfare services for the blind and the report on the problems and progress of mental health hostels have been judged to be of wider interest not merely for the development of services in this county but also because they describe a working and developing situation in social services. It is intended to publish both reports in 1970.

2. Staffing and recruitment

The drive to recruit qualified staff continued in a situation where nationally competition for staff remains intense. The build-up of qualified staff was immensly helped by the return of seven members of the section from secondment. In April 1969 the establishment was increased by five. These posts were filled during the year and in general there was less movement of staff in and out. The ratio of qualified workers has now passed the 50% mark and, if staff with the certificate of the college of teachers of the blind and the declaration of experience are included, it is only just short of the 70% mark. Five members of the staff were seconded during the year to undertake full-time courses in social work.

During 1969 Miss Alison Bridge, medical social worker in the Upton Chest Clinic, transferred to the Berkshire County Council establishment. Her appointment has been a tri-partite one between Buckinghamshire and Berkshire County Councils and the Hospital Management Committee. For some years work at the chest clinic has become increasingly part of the normal social work service of an out-patient clinic and Miss Bridge wished to work more closely with the Berkshire community care teams. Miss Bridge was appointed to the Buckinghamshire Health Department in 1948 and was one of the first medical social workers to join this department and indeed to work in a community care service. Her work over these twenty-one years has been much appreciated.

The figures for the year are as follows:

	Recruitment		*Resignations and retirements*	
	1969	1968	1969	1968
Staff with professional qualifications	9	12	4	4
Staff with professional qualifications returned from secondment	7	2	—	—
Staff with the Certificate of the College of Teachers of the Blind	1	3	1	1
Staff with the Certificate of the College of Teachers of the Blind returned from secondment	1	—	—	—
Staff without professional qualifications but with some relevant experience or other qualification	4	8	3	1
Trainees	1	3	1	2

3. Staff development and in-service training

The in-service training programme for unqualified staff continued on the same lines as previous years with a weekly day release course from October until May for the newly appointed trainees, and a monthly meeting for those who were in their second year as trainees. In addition, there were monthly meetings for newly qualified staff either returning from courses or newly appointed to the department.

The courses for trainees aim to give them a wider view of the work of the department and a better understanding of the jobs they themselves are doing. With the newly qualified staff it has been found most helpful to discuss the problems of reorientation on returning to the department following training and the ways in which newly acquired professional skills are utilised in this setting.

One specialised course was held to prepare staff for undertaking statutory duties under the Mental Health Act 1959. Various outside conferences and short courses were attended by more senior staff; these included a series of seminars on family interaction, short courses on handicapped children, on subnormal children, on the care of cancer patients, and on provisions for the disabled. In addition one senior member of staff attended the three month management course run by the National Institute for Social Work Training, and another a six week sandwich course on community care.

The staff supervisors' group has continued to meet both to discuss the training plans and also to consider wider issues concerning the work in the areas. In February a two day conference was held at Missenden Abbey for this group on the subject of referral and allocation and subsequently some of the areas have experimented with the different allocation procedures discussed then.

4. Student training

The senior staff continued to be involved in the training of social work students. Over the year the numbers were as follows:

(i) Supervised case-work placement
  (a) For the High Wycombe College of Technology, Certificate in Social Work Course—7 first year students and 5 second year;
  (b) For the Oxford Graduate Course—1 first year student.

(ii) Observation placements
  (a) From High Wycombe—4 students;
  (b) From Swansea—1 student;
  (c) From Hull—1 student.

(iii) Residential placements
  From High Wycombe—4 students.

Besides social work students, five student nurses from St. John's Hospital made visits of observation to the department, and in addition, talks were given to other nurses at the hospital. Once again the department is indebted to St. John's for arranging visits to the hospital for the trainee social work staff and for those preparing to undertake statutory duties under the Mental Health Act.

INSPECTION AND SUPERVISION OF FOOD

(Under the Food and Drugs Act, 1955)

Mr. G. L. Davis, the Chief Inspector, has kindly submitted the following report:

1. Composition and quality

1,327 samples of food and drugs were taken for analysis both for composition and the detection of preservatives or other additives at undesirable levels. 434 of these were submitted to the Public Analyst who commented adversely upon 22 of them .The samples may be classified as follows:

Almond marzipan, arrowroot, baby food, beef suet, blancmange powder, biscuits, bread, butter, cakes and cake mixes, cereals, cheeses, chocolate, coffee, cooking fats and oils, cough mixture, cream, christmas pudding, custard powder, dandelion coffee, dietary chocolate, evaporated milk, fish products, flour, flavourings and colourings, fruit drinks and fruit fillings, fruit puddings, glycerin, golden syrup, horseradish, ice cream, instant whip, jams and preserves, jellies, lard, liver salt, low fat spread, margarine, mayonnaise, meat and meat products, milk and milk puddings, mineral water, mustard, pickles, potato mix, rice, salad dressings, sauces and sauce mixes, soft drinks, soups, spaghetti, spices, spirits, starch reduced crispbread, stuffings, sweets, tinned fruits, dried and tinned vegetables, vinegars, white pepper and yeast.

838 samples of milk were tested in the Department's laboratory; all but 6 were genuine or varied slightly from the standard laid down by the Sale of Milk Regulations. Investigation of the unsatisfactory samples did not confirm adulteration except in one case where 2% of water had been accidentally added to the milk. The farmer was cautioned.

241 samples were taken at schools (under the milk in schools scheme), hospitals, children's homes and old persons' homes. All were satisfactory.

There were 73 complaints from the public concerning alien matter in food products or their containers. The public analyst examined 18 of these samples; the remaining 55 were dealt with in the Department's laboratory.

There were only two prosecutions during the year. One concerned slivers of glass in a bottle of school milk, and the other a tin of golden syrup which contained a cigarette end.

2. Testing of Milk under the Food and Drugs Act, 1955 and Milk and Dairies Regulations

Disease infection

208 samples were examined for brucella infection; 11 were positive and the District Medical Officers were informed so that human consumption of the milk in its raw state could be prevented.

These samples were also tested biologically for tubercle bacilli and bacteriologically for the presence of penicillin. All were negative for tubercle bacilli and only one sample was found to contain

penicillin. This was at the low level of 0.025 units per millilitre. The farmer was warned of the need for greater care in the use of antibiotics.

Special Designations

There are 6 milk pasteurising plants licensed by the County Council which pasteurise approximately 18,200 gallons of milk daily. 260 samples were taken at the plants; 1 failed the phosphatase test and 6 failed the methylene blue test.

All designations of milk are sold in the county; there are 324 licensed dealers. 317 samples have been taken; 6 samples of untreated milk and 11 of pasteurised milk failed the methylene blue test and one sample of pasteurised milk failed the phosphatase test. The dealers were warned and subsequent samples were satisfactory.

173 samples of pasteurised milk delivered to schools and other County Council establishments were checked and all but one were satisfactory. Supplies of untreated milk to one school and one old persons' home were also satisfactory.

Specified Area Orders require that only special designations of milk may be sold in Buckinghamshire. 587 visits were made and 750 samples, all satisfactory, were taken.

HOUSING

Housing

The Ministry inaugurated a five-year plan of slum clearance in 1955 when housing authorities were required to submit proposals for dealing with unfit houses within that period. The position in rural areas in Bucks is summarised below:

HOUSING AUTHORITIES SLUM CLEARANCE PROPOSALS

Housing Authority	*Total number of permanent houses in area at* 31.12.55	*Estimated number of unfit houses*	*ACTION PROPOSED IN FIRST 5 YEARS*			*Total number of houses demolished or closed from 1st January* 1955-31*st December*, 1969
			Number of houses to be demolished			
			Individual houses	*Houses in clearance areas*	*Total number of houses to be demolished*	
RURAL DISTRICTS						
Amersham	13,000	265	265	—	265	312
Aylesbury	8,681	314	219	95	314	232
Buckingham ..	2,500	116	14	102	116	162
Eton	12,994	264	15	249	264	469
Newport Pagnell ..	4,958	188	100	—	100	299
Wing	2,792	126	116	10	126	211
Winslow	2,531	35	20	15	35	85
Wycombe	12,800	430	178	—	178	310
Total ..	60,256	1,738	927	471	1,398	2,080

The Ministry's progress reports on new housing are cumulative from April 1945. The following table shows the progress made by the rural local authorities to 31st December, 1969.

NEW HOUSING—SUMMARY OF PROGRESS TO 31st DECEMBER, 1969

Local authoritities	*PERMANENT HOUSING*				*Total permanent houses completed*
	Local authorities		*Private builders*		
	Under construction	*Completed*	*Under construction*	*Completed*	
RURAL DISTRICTS					
Amersham	86	2,435	572	7,429	9,864
Aylesbury	40	1,999	68	2,565	4,564
Buckingham	21	523	61	534	1,057
Eton	128	3,053	197	5,515	8,568
Newport Pagnell	15	811	324	1,054	1,865
Wing	26	927	40	713	1,640
Winslow	10	583	51	953	1,536
Wycombe	84	2,643	169	9,053	11,696
Total	410	12,974	1,482	27,816	40,790

GENERAL

1. Capital Building Works

The Council's programme for health and welfare projects was again severely curtailed because of continuing restrictions on capital expenditure. The restriction on capital available for the provision of housing accommodation for midwives, home nurses and staff of residential homes for the elderly makes it difficult to attract the necessary staff to maintain essential services and, in the case of the old persons' homes, well-nigh impossible to maintain any degree of staffing stability.

(a) Works completed

Winslow—health centre

Holmer Green—county welfare home

Slough—Elliman Avenue workshop and hostel (take-over from Voluntary Association)

Chesham—two nurses' houses

Pitstone—nurse's house

Beaconsfield—two nurses' houses and garages

Slough—two staff houses at Wexham Court county welfare home;
extensions to occupational therapy unit.

(b) Under construction

Amersham—county welfare home

Newport Pagnell—ambulance sub-station

High Wycombe—child health clinic

Farnham Common—two nurses' houses and garages

Aylesbury (Bedgrove)—health centre

Bletchley—extensions to adult industrial unit

2. Registration of nursing homes—Public Health Act, 1936

At the beginning of 1969 eleven homes were registered for the admission of 204 patients; during the year registrations in respect of the Grange, Amersham Hill, High Wycombe and Stoke Place, Stoke Poges were cancelled; at the end of the year the remaining nine registered homes, which are named in the following list, were providing beds for 193 patients:

Address	*Type*
The Gables, 123 Wendover Road, Aylesbury ..	Aged and infirm.
St. Josephs, Candlemas Lane, Beaconsfield	Maternity, acute surgical, minor surgical, medical, convalescent, aged and infirm.
Rosslyn, 46 Ledborough Lane, Beaconsfield	Minor surgical, medical, convalescent, aged and infirm.
West Farm, Emberton	Maternity.

Withyfield, Green Lane, Farnham Common	Convalescent, aged and infirm.
White House, North Park, Gerrards Cross	Medical, convalescent, aged and infirm.
*The Nuffield Nursing Home, Wexham Street, Slough	Acute surgical, minor surgical, medical.
The Tyringham Clinic and Institute of Natural Healing, Tyringham House, Tyringham	Medical, convalescent.
Oaklands, 60 Station Road, Woburn Sands	Convalescent, aged and infirm.

*The Nuffield Nursing Home in Slough is the only nursing home in the county approved by the Department of Health and Social Security in connection with Section 1(3) of the Abortion Act, 1967.

3. Registration of Disabled Persons or Old Persons' Homes—National Assistance Act, 1948

At the beginning of the year 31 homes were registered and, during the year, two further registrations took place. One registration was cancelled, Homeleigh, 196 High Street, Aylesbury, due to the fact that the premises had to be given up following a compulsory purchase order.

The number of places provided on 31st December, 1969, was as follows:

For the aged and infirm	554
For persons with epilepsy	540
For young adult spastics	59

A list of these homes is as follows:

Address	*Description*
Brook House, Wooburn Green	6 aged persons.
Calverton Lodge, Horsefair Green, Stony Stratford ..	7 aged or infirm persons.
Chalfont Centre for Epilepsy, Chalfont St. Peter ..	540 persons with epilepsy.
Chiltern Cheshire Home, Gerrards Cross	10 physically handicapped persons.
Chilton House, Chilton	30 aged persons
Chilworth, 7 Rectory Avenue, High Wycombe.. ..	9 aged or infirm persons
Dawn House, South Park Crescent, Gerrards Cross	12 aged persons.
Fieldhead Extra Care Club, Bourne End	21 aged or disabled persons
Gardeners Country Home, Horton, Slough	37 aged or infirm persons
Gresham House, Weston Road, Olney	14 aged or infirm persons
Harrias House, Hedgerley Lane, Beaconsfield ..	24 aged persons.
Hipe House, Moulsoe, Newport Pagnell	4 aged or infirm persons
Howard House, Vicarage Way, Gerrards Cross ..	27 aged persons (retired nurses only)
Langholme, 8 Mandeville Road, Aylesbury	7 aged or infirm females
Manor House, Broughton, Newport Pagnell	19 aged or infirm persons
Ponds, Home for Young Adult Spastics, Seer Green	59 cerebral palsy cases.
Prestwood Park House, Prestwood, Great Missenden	26 aged persons.

Address	*Description*
Redlands, Bulstrode Way, Gerrards Cross	6 aged persons
Rock House, Austenwood Lane, Chalfont St. Peter ..	21 aged persons
St. Dominics, The Lea, Western Avenue, Denham ..	25 aged persons
Seven Gables Residential Hotel, Addington, Winslow	12 aged or infirm persons
Swarthmore, Gerrards Cross	35 aged or infirm persons
Taplow House, Berry Hill, Taplow, Maidenhead ..	27 aged or infirm persons
The Hawthorns, 18 Mandeville Road, Aylesbury ..	9 aged persons
The Orchard, Stewkley	6 aged or infirm persons
The Steps, London Road, Great Missenden	4 aged or infirm persons
Tickford Abbey, Newport Pagnell	46 aged or infirm persons
Trout Hollow, Saunderton, Princes Risborough ..	8 aged or infirm persons (not otherwise handicapped)
Westlands, High Street, Olney	20 aged or infirm persons
White Plains, Tilehouse Lane, Denham	18 aged persons
"Wittington," Medmenham, Marlow	36 aged or infirm persons
Woodlands Park, Wendover Road, Great Missenden	28 aged persons

RESEARCH, PUBLICATIONS, AND VISITORS

1. Research

A fairly wide range of research work continued during 1969 and references to this work will be found throughout the report. Particular attention should perhaps be drawn to the cervical cytology research project which was supported by the Department, and certain results of which are shown on page 27.

The investigation to which reference was made in the report for 1968 and which entailed a study of the history of women found to have positive smears when screened, was continued during the year by Miss E. R. Gloyne, principal county social worker, and Mrs. Hollingsworth.

Dr. J. P. Hutchby, principal medical officer, with the co-operation of Miss F. B. Silk, head occupational therapist, commenced a survey of patients receiving occupational therapy, particular attention being paid to the role of the service in relation to the total needs of handicapped persons, staffing, transport requirements and the future development of occupational therapy centres. The results of this survey are to be analysed by computer; the helpful co-operation shown by the County Treasurer in this matter is appreciated.

2. Publications

De Gruchy, S. (1969) —"The tasks ahead of an integrated Social Work Department." Case Conference 16, 10, 397.

Weller, M. F. (1969) "Immigrants. Some problems of integration." Health Visitor 43, 115.

Medical Planning Group (1969)—"Milton Keynes, a joint approach to planning." British Medical Journal 1, 628.

3. Visitors

Five undergraduates from the Royal Free Hospital School of Medicine (University of London) spent two weeks of their elective periods of study in the county. Programmes, designed to let them see as much as possible of the health and welfare services in Buckinghamshire, were drawn up to cover their visit. It seemed clear from their reports that all five students found much to interest them in the county; comments about their visit, for instance, on the maximum length of discussions or visits to establishments will be borne in mind in drawing up programmes for medical students coming to the county in the future.

A member of the medical staff of the North West Metropolitan Regional Hospital Board came to the Department to see something of the health and welfare services, particularly in that part of the county which lies within the Board's catchment area.

The County Medical Officer for County Kildare came to the Department for a few days, his visit being part of a detailed programme drawn up to cover his World Health Organisation Fellowship study project.

Another World Health Organisation Fellow was Dr. S. Kazazoglu of Turkey who was particularly interested in child health, including dental health, and health education and came to see these services in Bucks.

Mr. Joe Terenzio, Commissioner of The City of New York Department of Hospitals visited the Department.

Parties from the King's Fund College of Management paid several visits to the Department to hear about the medical planning for Milton Keynes.

SANITARY MATTERS OF THE AREA

1. Water Supply

The Engineer and Manager of the Bucks Water Board has supplied the following information:

"During the year 1969 there was a slackening of the pace of development in the southern part of the Board's area in and around High Wycombe, which has been a dominant feature for the last eight years. There was, however, an increased rate of development noticeable in the northern part of the Board's area and particularly in the many villages surrounding the designated area of Milton Keynes.

Supplies for Milton Keynes have, of course, played a large part in the forward planning of the Board's supplies. Fundamental decisions on the part of the Water Resources Board and the River Authorities are required before the pattern of long-term water supplies for north Buckinghamshire can be settled.

In the short term, however, supplies will be augmented in the Milton Keynes area from the bulk supply which the Board now draws from the Great Ouse Water Authority's works at Graffham Water in Huntingdonshire. During 1969 a Bill has been promoted in Parliament for the construction of a reservoir at Empingham in Rutland by the Welland and Nene River Authority and the Mid-Northamptonshire Water Board. At the time of writing the Bill has not passed all its stages, but if this Bill becomes an Act than it may be that in the latter part of the 1970's additional supplies into north Buckinghamshire may be obtained from this source.

The overall demand for water by the Board's existing consumers continues to increase and this increase is partly due to increased domestic requirements and to the increased demands of industry and agriculture. The overall demand for water in the Board's area is now almost 54 gallons per head per day, a figure very close to the average for the country as a whole.

During the year some 32 miles of new mains have been laid, and a total of 5,179 new properties have been connected; this represents the greatest number of new connections made in any year."

2. Fluoridation of public water supplies

The County Council agreed in 1963 to the principle of making arrangements with local water undertakers for the addition of fluoride to water supplies in the county which are deficient in it naturally.

Two firm proposals to implement the recommendations of the Ministry of Housing and Local Government, that the fluoridation of public water supplies be adopted, were proceeded with during 1969. These were the proposal of the Borough of Buckingham to instal the necessary equipment at the two pumping stations serving their borough, and the proposal of the Bucks Water Board to fluoridate the water supplies from their Radnage pumping station.

In both cases the necessary equipment was on order at the end of 1969, and it is hoped that the schemes will be in operation early in 1970.

3. Rural Water Supplies and Sewerage Acts

(a) The Ministry of Housing and Local Government and the County Council continue to make grants towards the costs of approved schemes of piped water supply and main drainage in the

rural areas of the County, and by December, 1969, the position was as follows:

69 schemes of water supply submitted and approved (54 schemes completed)	Total estimated cost £1,590,087
157 main drainage schemes submitted and approved (142 schemes completed or in progress)	Total estimated cost £8,734,343

The scheme of water supply completed during 1969 was as follows:

Bucks Water Board	Water Lane, Sherington.

The schemes of drainage completed, or in progress, during 1969 were as follows:

Amersham Rural District Council	Finch Lane extension, Amersham.
Aylesbury Rural District Council	Haddenham.
Buckingham Rural District Council	Preston Bissett Shalstone. Westbury.
Eton Rural District Council	Datchet. Farnham Royal, stage 4. Gerrards Cross, Camp Road area. Gerrards Cross, Fulmer Road. Horton and Wraysbury, stage 2. Stoke Poges, stage 6.
Wing Rural District Council	Edlesborough and Northall.
Winslow Rural District Council	Whaddon and Nash.

A further four water supply schemes, and four drainage schemes, were submitted and approved during the year, and the details of these are given below:

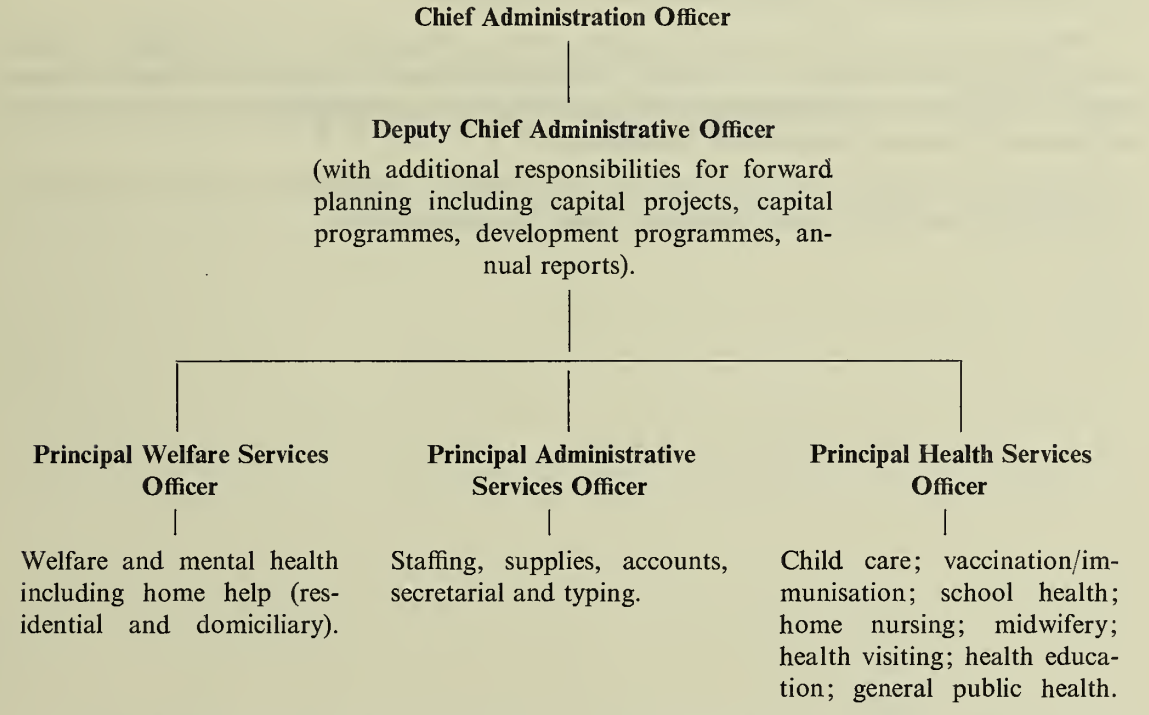
(b) Water supply schemes		*Estimated cost*
Bucks Water Board	Extension of water main at Ludgershall Lane, Brill.	£1,197
	Extension of water main at Hampden Way, Dunsmore.	£1,155
	Extension of water main at Lower Burston Farm, Aston Abbotts.	£1,850
	Extension of water main at Kingsbridge Farm, Steeple Claydon.	£1,950
Drainage schemes		
Amersham Rural District Council	Extension to main sewer at Finch Lane, Amersham.	£1,650
Aylesbury Rural District Council	Broughton main drainage.	£15,100
	Dorton main drainage.	£33,200
Newport Pagnell Rural District Council	Newton Blossomville and Clifton Reynes main drainage.	£63,000

ADMINISTRATION

(a) Administrative and clerical services

A review of the administrative structure of the central office revealed that its division into eleven relatively small sections, each responsible for one aspect of the work of the department, was fundamentally weak. These small sections did not facilitate satisfactory co-ordination or inter-communication; they tended to erect artificial barriers between related activities; they provided inadequate support for field staff; and they offered only limited career prospects for administrative and clerical staff.

At the beginning of the year proposals were put forward for the re-organisation of the administrative structure which, leaving the county ambulance and transport administration as it was, would re-group the eleven small sections into three major divisions each with a senior administrative officer in charge. The proposed arrangements were adopted and came into operation on 1st April, 1969; the following diagram gives an outline of these arrangements:



This administrative structure should assist in providing satisfactory channels of communication and should constitute a sound basis on which to build the essential central support for the field staff of the department, numbering approximately 1,000, who provide services for a very large number of people in the county.

It was also decided to retain the administrative and clerical structure in the four health areas but to strengthen the area teams by additional posts where increased populations and additional services justified this action.

A more detailed review of the administrative and clerical work undertaken within the revised structure of the central office and also in the four areas will be undertaken by the Council's organisation and methods team during the next twelve months.

(b) Administrative memoranda

Arrangements were made during the year for the issue of administrative memoranda to all staff concerned, and in particular to area medical officers and their staffs so as to keep them advised of any change of policy regarding health and welfare matters and to remind them of procedures to be adopted in providing various services.

The memoranda issued covered such subjects as recuperative holidays, convalescence and holidays for the handicapped; medical suitability for driving licences; vision test suitable for babies, young children and handicapped children; the issue of car badges for the severely disabled drivers who have difficulty in walking; dangerous drugs; immunisations by nurses (smallpox vaccination); procedure for the referral of handicapped pupils to social workers for care and guidance after leaving school; changes in the day-to-day administration of the mental health services; procedure to be adopted regarding the registration of nurseries and child minders.

(c) In-service training—administrative and clerical staff

Meetings of clerical staff were held throughout the year when talks on a wide range of subjects were given by senior members of the staff. The subjects covered in these talks included—venereal diseases; child health services; cigarette smoking and lung cancer; the domiciliary nursing services and legislation affecting health and welfare administration.

Two senior members of the administrative staff attended a management course at Oxford and a staff conference was held at Great Missenden Abbey in December, 1969.

WELFARE SERVICES

WELFARE SERVICES

(National Assistance Act, 1948)

1. Provision of Welfare Accommodation

The substantial expansion of the residential service which was achieved in 1968 levelled-off in 1969 when only one new home was brought into occupation. This was a purpose-built home, Cherry Garth at Holmer Green, providing 42 places. The first residents were admitted in March.

The additional places provided by the new home gave only minimal help in reducing the waiting list of persons urgently requiring residential care. The pressure on the available accommodation is steadily increasing and in order to meet this every effort was made to use the accommodation to the greatest effect. Particular reference should be made to the increased use of vacancies for short-term and holiday care which facilitated the home care of persons who can continue to be supported in the community if short breaks are provided in residential homes.

At the end of the year 20 homes were being directly provided by the County Council and in addition, the serviced accommodation at Tindal General Hospital, Aylesbury, continued in operation.

The waiting list of persons requiring residential care at the beginning of the year totalled 482 and, at 31st December, this number was reduced to 432, comprising 112 men and 320 women. The waiting list included 31 persons requiring "immediate "admission, 229 persons were in the "as soon as possible" category and the remaining 172 were in the category "when accommodation is available." The reduction in the overall total of persons on the waiting list it not attributable to the increase in available accommodation. During the year the whole waiting list was carefully reviewed and new applications became subject to more skilled assessment procedures which resulted in alternative arrangements for care being made in a number of cases.

Arrangements for day care were also expanded during the year to give additional support to elderly persons living alone or who would be left alone while relatives were out at work all day.

The table which follows gives details of the admissions to welfare accommodation during 1969, the corresponding figures for 1968 being shown in parentheses.

COUNTY HOMES

Permanent	305	(318)
Holiday	196	(119)
Periodic	53	(48)
Temporary	41	(11)
Total ..	595	(496)
Homes provided by voluntary bodies and other local authorities	25	(37)
Total ..	620	(533)

2. Statistics

The numbers of elderly infirm and handicapped residents maintained by the County Council at 31st December, 1969 were:

	Male		*Female*		*Total*	
Homes provided by the Council	193	(182)	585	(553)	778	(735)
Serviced accommodation	40	(39)	—	(—)	40	(39)
Homes provided by voluntary bodies and other local authorities	81	(79)	133	(130)	214	(209)
Total ..	314	(300)	718	(683)	1,032	(983)

3. Amenities

The activities of Leagues of Friends and other voluntary groups continued and expanded during the year. A number of county welfare homes held sales of work and coffee mornings for fund raising to swell comforts funds. The matrons and other staff put considerable effort into these occasions which are usually very successful indeed.

About 100 residents of welfare homes went on holiday to a holiday camp at Littlestone, Kent. These arrangements could not have been successfully undertaken without the help given by 11 members of staff who volunteered to help the group.

4. Staffing

During the year the re-organisation of the headquarters administration was implemented and several staff changes took place. Mr. A. G. Hayward, Senior Administrative Assistant retired following a long period of ill-health. His post to which new duties were assigned was filled by Mr. J. R. Knock and later in the year the vacancy resulting from Mr. Knock's promotion was filled by Mr. J. D. Edwards. A number of changes took place in the senior care staff posts. The post of Matron at Cherry Garth was filled by Mrs. S. W. B. Crawford. Following the retirement of Mrs. C. M. Watson, the Matron of Beechlands, Miss R. Stewart was promoted to the post. Mrs. J. Wright, Matron, the Manor House, Swanbourne, resigned early in the year and Mrs. P. Reich, Deputy Matron, Maids Moreton Hall transferred to this home on promotion.

The County Council approved a revised staffing structure for the homes which provided for improved staffing ratios and the introduction of third-tier assistant matron posts in all but the smallest homes. It is unfortunate that the recruitment of deputy and assistant matrons has continued to be extremely difficult and a number of these posts remain unfilled.

5. Training

Whilst no formal in-service training was carried out by the Council during the year, a number of staff attended a variety of short courses arranged by other authorities. In September the first full-time training courses leading to the Council for Training in Social Work's/Certificate in Residential Work commenced. Mrs. G. H. Billson, Matron of Redfield, Winslow, was successful in obtaining a place on the course at Ipswich Civic College and was seconded for the duration of the course. In spite of the

short-fall in recruitment which makes it extremely difficult to release staff for full-time training it was decided to sponsor senior staff for the new courses so that the quality of care required in present and future times for the increasing number of physically handicapped and frail persons could be maintained and improved. Mrs. P. Fish, Deputy Matron, Cherry Garth, was transferred as Deputy Matron, Redfield, and she became Acting Matron for the period of Mrs. Billson's secondment.

6. Physiotherapy

Two full-time qualified physiotherapists provided a regular physiotherapy service during the year for all county welfare homes for elderly people. Each home was visited at least once weekly, and twice weekly where required, all therapy being given under the direction of residents' own general practitioners. The number of treatments given to residents increased from 6,550 in 1968, to 9,627; treatment given to individual residents varied from a single session to courses lasting over many months.

The largest proportion of treatments, approximately 55%, were given to residents suffering from arthritic and non-articular rheumatic conditions. Other groups of residents requiring physiotherapy were those suffering from the effects of cerebro-vascular accidents (15% of treatments), orthopaedic conditions and fractures (10%), and organic neurological diseases (10%), A number of residents with asthamtic and bronchial conditions were helped by breathing exercises and other measures.

Wherever possible, therapy is directed towards maintaining and developing residents' mobility and independence in the activities of daily living. This includes training in walking, eating and dressing, as well as moving on and off beds, chairs and toilet seats. The resulting improvement in physical capabilities increases residents' self-confidence and morale, an effect which is particularly noticeable in the case of some of those who, prior to admission, have become chairbound and relatively immobile in their own homes.

The assistance of the staff of welfare homes was enlisted in order to help residents to maintain their mobility and independence; it was also found useful to discuss and explain the scope and limits of the physical capabilities of residents to the staff, so that their difficulties were fully appreciated by those responsible for their care. Provision of treatment in the comfort of welfare homes prevented needless travelling, waiting, and transfer from ambulance to hospital physiotherapy departments, which might often have detracted from the benefits of therapy. Co-operation was maintained with the geriatric departments of local hospitals in the continuation of treatment and after-care of those residents discharged direct from the hospital to the welfare homes; there was also frequent consultation with the occupational therapy services, particularly in relation to the provision of aids and equipment specially designed to simplify the problems of physical disability, while treatment for certain foot conditions was often closely co-ordinated with the work of the chiropody service.

The provision of physiotherapy has without doubt helped to prolong the activity and ease the stay of elderly people in welfare homes. It should be noted, however, that the more general provision of wardened housing for elderly people who are able to manage without the degree of support provided in welfare homes, has meant that most of those now admitted to the homes are physically less fit than was the case a few years ago, and this trend has considerably increased the need for the physiotherapists' services in the homes.

7. Provision of sheltered housing for the elderly and infirm

During the year the Ministry of Housing and Local Government issued Circular 82/69 in which minimum housing standards were prescribed for the elderly. The circular made detailed reference to the facilities which are desirable in sheltered housing and made it a requirement that housing authorities should complete a detailed questionnaire on all future schemes of housing for the elderly at the planning stage.

The provision of sheltered housing for the elderly and infirm is, of course, vital for the welfare of these persons who are at risk and the County Council has for many years encouraged County District Councils to provide this type of housing where schemes meet general requirements and include a warden, a call system, communal rooms and special fittings which do not form part of normal housing; the accommodation provided ranks for annual grant up to a maximum of £50 for each unit.

Two additional schemes were brought into operation during 1969, providing 64 units of accommodation. Approval in principle was given to eight other schemes. At 31st December, 13 county district councils were providing 1,437 units and, in addition, assistance was being given to three housing associations with similar schemes.

The county district councils providing this special housing accommodation were:

Amersham Rural District Council	Chalfont St. Peter
	Amersham
	Holmer Green
	Prestwood
	Chalfont St. Giles
Aylesbury R.D.C.	Wendover
Beaconsfield U.D.C.	Beaconsfield
Bletchley U.D.C.	Bletchley
Chesham U.D.C.	Chesham (3 schemes)
Eton R.D.C.	Burnham
	Hedgerley
	Iver Heath
	Wraysbury
High Wycombe Municipal Borough	High Wycombe (6 schemes)
Marlow U.D.C.	Marlow
Newport Pagnell U.D.C.	Newport Pagnell (3 schemes)
Slough Municipal Borough	Slough (4 schemes)
Wing R.D.C.	Wing
	Cheddington
Wolverton U.D.C.	Wolverton
Wycombe R.D.C.	Wooburn
	Princes Risborough
	Stokenchurch
	Bourne End

8. Guaranteed Rent Scheme

The scheme whereby rent guarantee, to a maximum of 75% of arrears, is given to county district councils in respect of tenants who find difficulty in meeting their financial commitments continued during 1969.

The guarantee commences when the particular case is included in the scheme and it continues whilst social workers use their professional skills to help the family concerned to reduce their rent arrears.

At the end of the year, 12 of the 19 county district councils were co-operating in the scheme and the guarantee covered a total of 39 families.

9. Liaison with other Bodies

(a) Consultant Geriatricians

The close association maintained during previous years with the North West Metropolitan and Oxford Regional Boards, the Buckinghamshire Old People's Welfare Committee and other organisations continued during 1969.

In particular, the arrangements whereby consultant geriatricians hold joint appointments with the Boards and the County Council worked well. The consultants reported as follows:

Dr. H. Caplan, physician in charge of geriatrics at the Windsor Group Hospitals:

"In February, 1969 the geriatric unit at Upton Hospital was opened. This provides fifty beds which are used mostly for assessment of elderly patients. The unit is functioning well and has eased many problems of the elderly in the area.

At St. Mark's Hospital, Maidenhead, the new physiotherapy and occupational therapy department is now providing all-day treatment of patients as well as the usual out-patients.

In February, 1969 an eight-bed orthopaedic geriatric ward was opened at St. Mark's Hospital for post operative patients from Heatherwood Hospital and Wexham Park Hospital who are transferred there for rehabilitation.

My weekly meetings with the Area Welfare Officer, continued during the year and the Area Superintendent Health Visitor, also attended so a closer link could be established between the hospital and all community health services."

Dr. Lorna Davies, consultant physician at the Royal Buckinghamshire and Associated Hospitals:

"During 1969 there was a sharp rise in requests for hospital admission from old people's homes. There was a delay in meeting some of these requests as owing to the overall bedstate in the hospital, priority for admission had to be given to old people living alone or those requiring urgent medical attention. It seems unlikely that this situation will improve in the near future."

Dr. A. T. Sinniah, consultant physician at the High Wycombe and District Hospitals:

"During 1969 there was, purely on in-patient admissions and discharges, an increase of 34% in the work load over that for the previous year.

The Carrington Ward at Wycombe General Hospital was opened toward the middle of March which allowed the transfer of some of the long-stay patients occupying beds in the geriatric unit at Amersham General Hospital. During the latter part of October the new day hospital extension to the geriatric unit was opened and it is hoped that the number of day patients will be increased gradually until about 30 patients are accepted each day. It is intended that the day hospital will be used for full medical and functional assessments in preference to the out-patient clinic.

The population of the hospital catchment area continues to grow rapidly, but the beds ratio allocation for geriatrics is only 0.78 per 1,000 population.

Some 50 patients were transferred from hospital during the year to county welfare homes, this total being 17 less than the figure for 1968.

There is a recognised shortage of county welfare homes for our catchment area. New homes are included in the local health authority's development programme but the waiting lists for residential accommodation for old people appear to be growing longer. The result was that a number of patients were admitted to hospital after becoming ill purely because they were not given suitable welfare accommodation in time. Day care facilities in county welfare homes appear to be inadequate whilst the domiciliary meals service does not meet the need in a number of areas."

(b) Buckinghamshire old people's welfare committee

The newly appointed Secretary of this Committee, Mr. P. J. Clarke, has supplied the following report on the year's work:

"Owing to ill-health it became necessary for Mrs. M. C. Cain to resign as Secretary at the end of the year, and the Executive Committee recorded its appreciation of her services over the past four years.

The Buckinghamshire Old People's Welfare Committee continued its function of co-ordinating the voluntary work undertaken on behalf of the old people in the county, particularly by support of local committees and clubs.

A welcome was extended to four new Clubs and two Luncheon Clubs during the year, the usual grants towards initial expenses being made. The numbers of local Committees and Clubs operating at the end of the year were 17 and 138 respectively. The club memberships vary in number from 14 to 250, meetings being held from once a month to three times weekly, and grateful thanks are due to all the voluntary workers who help to keep the wheels turning.

As the county scheme limits free chiropodial treatment, insofar as elderly people are concerned, to persons of pensionable age in receipt of a supplementary allowance from the Department of Health and Social Security, chiropody continues to be a drain on the financial resources of old people's clubs where such treatment is provided.

Housebound readers continue to receive a regular supply of books from the County Library Service, through the mobile libraries, a service which is very much appreciated, but the housebound still rely to a large extent on the kindness of neighbours in changing books.

The statutory officers have been most helpful, with the work of both the county and local committees, and our thanks are also due to members of the staff of the County Treasurer, who acts as Honorary Treasurer to the Committee, and to the Principal Welfare Services Officer and staff, for their considerable help during the year."

10. Handicapped Persons

(a) Register

During the year 1,230 names were added to the register of permanently or substantially handicapped persons, making an overall total of 4,790 persons.

The table which follows shows the general position at 31st December, 1969:

Age	*Sex*	*Number on register at 31st December*				*Total*
		Deaf with speech	*Deaf without speech*	*Hard of hearing*	*General classes*	
Under 16	M	2	5	37	78	122
	F	3	4	28	50	85
16–29	M	7	32	9	99	147
	F	8	20	1	86	115
30–49	M	12	28	6	184	230
	F	10	20	3	205	238
50–64	M	5	16	3	381	405
	F	7	14	20	277	418
65 or over	M	6	13	3	1,054	1,076
	F	5	13	8	1,928	1,954
Total		65	165	118	4,342	4,790

The following table gives detailed information regarding persons on the general classes register, according to age and handicap:

Major handicaps	*Age*					
	Under 16	16–29	30–49	50–64	*65 or over*	*Total*
1. Amputation	—	5	11	48	107	171
2. Arthritis or rheumatism	1	11	41	185	1,064	1,302
3. Congenital malformations or deformities	60	32	35	21	16	164
4. Diseases of digestive and genito-urinary systems, of the heart or circulatory system of the respiratory system (other than tuberculosis) or of the skin	15	24	80	181	754	1,054
5. Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	8	42	46	61	215	372
6. Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	30	53	197	203	362	785
7. Neuroses, psychoses and other nervous and mental disorders not included in line 6	3	7	12	22	37	81
8. Tuberculosis (respiratory)	—	2	5	7	8	22
9. Tuberculosis (non-respiratory)	—	1	5	2	6	14
10. Diseases and injuries not specified above	11	8	17	28	313	377
Total	128	185	389	758	2,882	4,342

(b) THE BLIND AND PARTIALLY SIGHTED

REVIEW OF THE SERVICE

Early in the year it was decided, with the concurrence of the Welfare Sub-Committee and the Executive Committee of the Buckinghamshire Association for the Blind, that a working party should be set up with the following terms of reference:

> "To review the services both statutory and voluntary, for the welfare of blind and partially-sighted people in Buckinghamshire and to prepare a report containing recommendations for consideration by the local health and welfare authority and by the Buckinghamshire Association for the Blind."

The working party, which comprised officers of the Department and members of the voluntary association met under the chairmanship of Dr. I. G. Yule, Deputy County Medical Officer, with the secretarial duties being undertaken by Mr. H. G. Millward, Principal Welfare Services Officer and Acting Secretary to the Buckinghamshire Association for the Blind.

Meetings of the working party commenced in January, 1969 and its report was presented both to the Welfare Sub-Committee and to the Executive Committee of the voluntary organisation in September.

This was the first comprehensive review of the services for the blind and partially sighted to be carried out in the county; it was certainly pleasing to find that the party's conclusions and recommendations were unanimous and acceptable to the voluntary association and to the County Health Committee through the Welfare Sub-Committee.

Generally, the arrangements for promoting the welfare of the blind in the county were those contained in the proposals made by the County Council under sections 29 and 30 of the National Assistance Act, 1948 and approved by the then Minister of Health, whereby the County Council insofar as they do not directly discharge their functions under section 29 of the Act, employ as their agents

the Buckinghamshire Association for the Blind or any other voluntary organisation. In other words, the Buckinghamshire Association provided, on an agency basis, for the general social welfare of the blind and partially sighted; the County Council provided the necessary administrative and clerical assistance for the Association which at the end of the year was operating through six divisional committees.

Recommendations

The working party made the following recommendations concerning the areas of responsibility for the blind and partially sighted most appropriate for the County Council:

(i) administration in connection with certification and registration procedures;

(ii) appointment of field staff as members of comprehensive social work teams;

(iii) arrangements for referral or consultation on questions of education, training, employment, residential care and sheltered housing, including liaison with other officers concerned in the health, children's and education departments and other voluntary and statutory agencies;

(iv) occupation and employment including the provision of day centres and sheltered employment, occupational therapy and craft instruction;

(v) to further the prevention of blindness.

The areas of responsibility considered most appropriate for the voluntary organisation are:

(i) recruitment and training of volunteers to provide personal and voluntary service both to individual blind and partially sighted people and to groups;

(ii) co-operation in the registration of blind and partially sighted persons;

(iii) follow-up visiting of certain blind and partially sighted persons in consultation with field officers of the local authority;

(iv) organisation of social clubs;

(v) administration of the British Wireless for the Blind Fund and distribution of wirelesses;

(vi) administration and financial assistance towards holidays either for individuals or for organised groups;

(vii) organisation and provision of transport;

(viii) assistance towards the provision of special aids such as typewriters, tape recorders, mobility aids and reading aids and to supplement library facilities where necessary;

(ix) the disposal of goods produced by blind and partially sighted persons;

(x) to further the prevention of blindness;

In order to carry out this work it was recommended that:

(a) the administrative and clerical work involved in the County Council's area of responsibilities should continue to be undertaken in the welfare services division of the department;

(b) the Buckinghamshire Association for the Blind should appoint an independent secretariat which should commence work from a date to be agreed during the financial year 1970/71; the independent secretariat will assume responsibility for finance and accountancy which have for some years been matters dealt with by the County Treasurer in his capacity as Honorary Treasurer to the Association.

In addition to these major proposals recommendations were also made concerning staffing; volunteers; communications; finance; development of the service (including the provision of day centres and a detailed survey of the existing arrangements for re-training and employing the blind and

partially sighted); and the need to provide adequate facilities in the new city of Milton Keynes for the blind and partially sighted.

At the end of the year action was being taken to implement the recommendations of the working party.

(c) WORK DURING THE YEAR

At the end of December, the number of registered blind persons was 959, an increase of 38 over the corresponding figure for 1968.

The table which follows shows the ages of blind persons registered in the county at that date:

Under 3 years	3	4	5/10	11/15	16/20	21/29	30/39	40/49	50/59	60/64	65/69	70/79	80/84	85/89	90+	TOTAL
4	1	2	5	11	18	29	30	42	72	47	75	210	156	143	144	959

The number of persons registered as partially-sighted at the end of the year was 565, this being 54 more than the total at 31st December, 1968. There were 115 new registrations in this category during the year and the trend noted in recent years for this type of registration to increase continued.

The age classification of the register of partially-sighted persons was as follows (figures for 1968 being shown in parenthesis):

0—1	2—4	5—15	16—20	21—49	50—64	65+	TOTALS
—	5	23	17	64	61	395	565
(—)	(—)	(19)	(19)	(52)	(59)	(362)	(511)

Employment

(i) HOMEWORKERS

The Royal London Society for the Blind continued as the agents for the homeworkers scheme during the year. A total of 16 homeworkers were being employed at the end of the year and arrangements were being finalised for the training of one person who was considered suitable for employment under the scheme. The homeworkers were employed as follows:

Basket makers	.. .. ..	4
Piano tuners	.. .. ..	4
Knitters	Hand	1
	Machine	4
Music teacher	.. .. ..	1
Gardener	.. .. ..	1
Seagrass worker	.. .. ..	1
	Total ..	16

(ii) Employees in sheltered workshops

There were no new Buckinghamshire employees in sheltered worshops during the year. There were six workers for whom the County Council is responsible and they were employed as follows:

London, Royal Society for the Blind	Machine knitter	1
	Capstan operator	1
London, Association for the General Welfare of the Blind	Bedding machinist	1
	Basket maker	1
Luton, Association for the General Welfare of the Blind	Soap manufacturing	1
City of Portsmouth, Workshop for the Disabled	Basket maker	1

(iii) Other employment

There were 98 blind persons in open employment at the end of the year, five more than at 31st December, 1968. Details of the types of employment are shown below:

Craftsmen/production workers	17	Musicians	2
Machine tool operators	11	Warehousemen	2
Telephone operators	8	Basket maker	1
Shorthand typists	8	Farm manager	1
Packers	7	Shoe repairer	1
Fitters and assemblers	6	Proprietor	1
Cleaners/domestic workers	5	Sales representative	1
Upholsterers	4	Shop assistant	1
Labourers	4	Physiotherapist	1
Social workers	3	Clerical worker	1
Piano tuners	3	Executive	1
Miscellaneous workers	3	Youth leader	1
Laundry workers	2	Inspector/	
Animal husbandry/poultry keepers	2	Engineering Workshops	1
		Total	98

(d) General social welfare of the blind

The Buckinghamshire Voluntary Association for the Blind again provided a wide range of services to the blind and partially-sighted under the agency arrangements. The Association's six divisional committees provided social clubs, made holiday arrangements and gave considerable support to a large number of blind persons, by voluntary effort. Financial assistance for many of these activities is given by the voluntary association.

The association's stand at the Bucks County Agricultural Show in September was a particularly successful venture. On this occasion a larger than usual site was obtained and the display of goods made by blind persons and the demonstration of various skills given by craftsmen were particularly admired by the many visitors. The exhibition at the County Show provides an extremely good shop window for the marketing of goods produced by the blind and in 1969 the sales achieved reached a new record. The extremely valuable contribution to the support of blind and partially-sighted persons which is made by the voluntary workers, many of whom devote a great deal of their time to a wide variety of tasks, is most praiseworthy.

(e) The deaf

The County Council's duty to provide welfare services for the deaf and hard of hearing was carried out on an agency basis by the Oxford Diocesan Council for the Deaf to which the County Council pays an annual grant.

The Diocesan Council maintains a register of deaf persons in the counties of Berkshire, Buckinghamshire and Oxfordshire and assists them by the provision of social centres, suitable recreation and other entertainments; domiciliary visiting and giving any necessary guidance and help. The Diocesan Council's staff assist the deaf in finding employment, providing interpreters when necessary, co-operating with education authorities in obtaining suitable education for children of school age and in providing further education for the older deaf.

The table on page 93 gives details concerning those persons who are deaf or hard of hearing and who were on the Council's register of handicapped persons at 31st December, 1969.

11. Occupational Therapy

(a) General

A total of 990 persons received occupational therapy during 1969, an increase of 210 over the previous year. Three hundred and sixty nine patients were newly referred or re-admitted during the year compared with 272 in 1968; 257 persons were discharged, so that the total number of patients receiving therapy on 31st December, 1969, was 733 (621 in 1968). As can be seen from these figures, there was once again a considerable increase in the number of persons who received occupational therapy during 1969 compared with the previous year and tribute must be paid to the staff who maintained standards of service despite a steep increase during the last few years in the number of cases for which each therapist is responsible.

Patients who received therapy during the year suffered from the following groups of disabling conditions:

Diseases of the nervous system	356
Diseases of bones and organs of movement	267
Mental, psychoneurotic and personality disorders	90
Diseases of respiratory system	68
Diseases of circulatory system	65
Senility and ill-defined conditions	26
Amputees	26
Neoplasms	19
Infective and parasitic diseases	16
Allergic, endocrine, metabolic and nutritional diseases	14
Congenital malformations	13
Disorders of the sense organs	12
Diseases of the digestive system	8
Diseases of the genito-urinary system	4
Diseases of blood and blood forming organs	3
Injuries	2
Diseases of the skin and cellular tissue	1
Total	990

Therapy supplied to 144 of the patients in the groups listed above consisted of assessment in relation to daily living activities and the supply of aids where necessary, while an additional 24 received a similar assessment as well as other forms of therapy.

Of the 257 patients who were discharged, 18 were rehabilitated back into either open employment or full household duties following a period of industrial therapy or craft work under the supervision of the therapists, while two entered sheltered employment. Eighty-one handicapped persons were assisted in their rehabilitation by assessment and advice in relation to activities of daily living, such as mobility, dressing, bathing, toilet and eating, the supply of aids to help them carry out these activities being arranged as necessary. This type of skilled assessment is a rapidly developing sector of the therapists' work and is one of the more important factors in the rehabilitation of persons with physical handicaps. It has enabled many handicapped persons to increase their personal independence with the help of aids supplied and their newly acquired knowledge of how to overcome their disabilities.

Two patients were transferred to Garston Manor Combined Rehabilitation Centre and a similar number to industrial units for the mentally handicapped, while 12 persons were discharged on moving out of the county. Following assessment, five patients were felt to be unsuitable for occupational therapy and 20 no longer in need of treatment; 21 although referred to the service did not wish to continue with therapy for personal reasons and one patient discontinued because of transport difficulties. Nine persons became too ill for further attendances at the centres, 27 were admitted to residential care in homes or hospitals and 57 patients died. These figures give some indication of the many facets of rehabilitation and care needed by persons with physical handicaps; to achieve maximum rehabilitation for each individual, close co-operation between members of the health and social work professions, housing managers, disablement resettlement officers and employers is essential.

A total of 11,985 domiciliary visits were carried out by occupational therapists during the year (11,682 in 1968); 22 sessions were held at the Slough Disabled Men's Club under the guidance of an occupational therapist; while diversional therapists made 1,234 visits to county welfare homes for the elderly.

(b) Centres

(i) *Aylesbury*

Sixteen new patients attended the Aylesbury centre during the year. The centre is open five days a week, the average daily attendance being 30. Sixty-three persons were on the register at the end of the year (75 in 1968), the majority of these attending on a part-time basis.

(ii) *Bletchley*

Twenty-two new patients attended this purpose-built centre during the year, bringing the total number on the register on 31st December to 58 (55 in 1968). The centre is open each weekday and has an average daily attendance of 30.

(iii) *Great Missenden*

There were four new admissions in 1969 to this centre where sessions are held on a twice-weekly basis in rented permises. Eighteen patients (18 in 1968) were on the register at the end of the year and the average daily attendance was 12.

(iv) *High Wycombe*

Eight handicapped people were accepted during the year for therapy at the Wycombe centre which functions on a similar basis to that at Great Missenden. The number on the register at the end of the year was 27 (19 in 1968) and the average attendance 14.

(v) *Slough*

Extensions to provide a dining room for patients, a specially designed kitchen for the assessment and training of handicapped persons, as well as increased storage space and toilet accommodation were brought into use in November. Regular visits by the Area Medical Officer for South Bucks or a member of his medical staff assisted liaison in the assessment and care of persons receiving therapy. Nineteen new patients were admitted during the year, the total number on the register at the end of 1969 was 52 (53 in 1968) and the average daily attendance 23.

(c) Staff training

Further training arranged during the year included a seminar on the rehabilitation and care of persons with brain injuries attended by Miss F. B. Silk, Head Occupational Therapist; a course on the assessment of handicapped persons attended by Miss D. M. Scott, Deputy Head Occupational Therapist, and three other members of staff: and a course on the management of the severely disabled at Oxford, appropriate parts of which were attended by the Deputy Head and four other occupational therapists. A two-week course on teaching the deaf-blind was attended by one of the diversional therapists responsible for activities in the county welfare homes.

(d) Operational research

A review of the council's occupational therapy service for handicapped people is being carried out by Dr. J. P. Hutchby, Principal Medical Officer, with the co-operation of the Head Occupational Therapist and her staff. It includes a survey of patients and will pay particular attention to the role of the service in relation to the total needs of handicapped persons, staffing, transport requirements and the future development of centres. It is planned that this review should be completed and placed before the appropropriate committee in 1970, so that any necessary changes may take effect during the financial year 1971/72. The review will also take into account the results of a research project which is being carried out jointly by Dr. J. P. Hutchby, Dr. J. J. McMullan, general practitioner, and Mrs. A. Finch, occupational therapist, to determine the need for assessment facilities for handicapped persons who are receiving care from community-based services and the most appropriate way of providing these. The study will cover a period of one year and thanks are due to the Royal Buckinghamshire and Associated Hospitals Management Committee and staff of Stoke Mandeville Hospital who have allowed the use of the occupational therapy department at the latter hospital for this purpose.

12. Meals services

The Women's Royal Voluntary Service has continued as the County Council's agents for the supply of meals for the housebound, elderly and handicapped persons throughout the County except in the Municipal Borough of Slough, where the Corporation provides a direct service. Meals are supplied on the recommendation of general medical practitioners, health visitors, district nurses or social workers and the County Council pays a subsidy of 1/3d. per meal, the person concerned paying a charge of 1/6d.

The preparation of meals for this service in the kitchens of county welfare homes and hostels was expanded during the year and, at 31st December, Maids Moreton Hall, Wing Lodge and the Norrill Hostel were providing meals. In order to meet an urgent demand in August, meals were supplied from the kitchen at The Chestnuts, Aylesbury, and at the end of the year arrangements were in hand for regular supplies to be made available from this kitchen in 1970. A total of 3,678 meals were provided from these sources during the year.

Numbers of meals provided (1968 figures are shown in parentheses)

W.R.V.S.	88,208	(71,309)
Slough Borough Council	50,163	(31,808)

The County Council has also given financial assistance to the W.R.V.S. in respect of equipment and delivery of meals, drivers being paid a mileage rate of 7d. per mile.

Meals for luncheon clubs are provided by some district councils under separate schemes.

13. Protection of Property

The County Council is responsible for the care and protection of the property of people in hospital or welfare accommodation, where proper arrangements have not otherwise been made.

It was necessary to take action during the year in connection with premises owned by patients, leasehold interests, tenancies, furniture and effects and livestock of various kinds. A particular feature of the year's work was a marked increase in the volume of work on the sale of house properties.

Considerable investigation was necessary in a number of cases where patients were unable to give satisfactory information about their affairs and in these cases where the patient's inability was caused through mental illness an Order of the Court of Protection was obtained. By this means the patient's affairs could be properly managed. If no suitable person could be found who was willing to act for the patient a member of the County Council's staff was appointed to act as Receiver. At present he acts in 27 cases and a further nine applications are pending.

14. Car badges for severely disabled drivers

As part of the scheme for promoting the welfare of persons who are substantially and permanently handicapped the County Council operates arrangements for the issue of car badges. The purpose of these badges is to identify the car driver as a handicapped person requiring assistance so that the police, traffic wardens and others can if it is at all possible afford the driver special consideration for car parking. The badges do not confer any entitlement on the drivers to park in prohibited places and they are renewable at intervals of three years.

At 31st December, 262 of these badges had been issued and, of these, 39 were new issues during the year.

15. Alteration and adaptation of housing accommodation for the physically handicapped

A scheme, similar to that for alterations to property for the use of artificial kidney machines mentioned earlier in this report, was brought into operation during the year to allow the adaptation and alteration of property for the physically handicapped.

Schemes costing up to £250 are referred to and dealt with by the four local care committees; those schemes estimated to cost more than that total amount are referred for approval to the Welfare Sub-Committee.

Financial assistance is given towards alterations to property to enable handicapped persons to live in their own homes. However if the alterations constitute an improvement to the property the patient is required to refund the cost, his payment being assessed in accordance with his financial circumstances. Four such cases were dealt with during the year.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF BUCKINGHAM, 1969

	Causes of Death	Sex	Aggregate of Urban Districts												Aggregate of Rural Districts											
			Under 4 wks.	4 wks.-under 1	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75 and over	Total	Under 4 wks.	4 wks.-under 1	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75 and over	Total
B.46(9)	Diseases of skin subcutaneous tissue	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2
B.2	Typhoid Fever ..	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1
B.4	Enteritis and other diarrhoeal diseases	M	–	2	–	–	–	1	–	–	–	1	–	4	–	–	1	–	1	–	–	–	–	–	–	2
		F	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
B.5	Tuberculosis of respiratory system ..	M	–	–	–	–	–	–	–	–	1	2	–	3	–	–	–	–	–	–	–	–	–	–	2	2
		F	–	–	–	–	–	–	1	–	–	1	2	4	–	–	–	–	–	–	–	–	–	1	–	1
B.6	Tuberculosis, other (inc. late effects) ..	M	–	–	1	–	–	–	–	–	–	1	–	2	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	–	1	–	1	2	–	–	–	–	–	–	–	–	1	–	1	–	2
B.18	Other infective and parasitic diseases ..	M	–	–	–	–	–	–	–	1	–	1	–	2	–	–	–	–	–	–	–	–	–	–	1	–	1
		F	1	–	–	–	–	–	–	1	–	–	–	2	–	1	–	–	–	–	–	–	–	–	2	–	3
B.19(1)	Malignant neoplasm, Buccal cavity etc.	M	–	–	–	–	–	–	1	1	–	4	–	6	–	–	–	1	–	–	–	–	1	2	1	–	5
		F	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1
B.19(2)	Malignant neoplasm, oesophagus	M	–	–	–	–	–	–	–	2	3	2	1	8	–	–	–	–	–	–	–	–	1	–	1	4	6
		F	–	–	–	–	–	–	1	–	–	2	3	6	–	–	–	–	–	–	1	–	1	2	1	5
B.19(3)	Malignant neoplasm, stomach	M	–	–	–	–	–	–	1	1	10	7	11	30	–	–	–	–	–	–	–	3	9	14	4	30
		F	–	–	–	–	–	–	–	3	3	6	6	18	–	–	–	–	–	–	–	1	1	8	13	23
B.19(4)	Malignant neoplasm, intestine	M	–	–	–	–	–	–	–	2	5	7	12	26	–	–	–	–	–	–	–	1	5	7	14	27
		F	–	–	–	–	–	2	–	1	6	13	8	30	–	–	–	–	–	–	–	2	13	12	24	51
B.19(5)	Malignant neoplasm, larynx	M	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	1	–	–	1
		F	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
B.19(6)	Malignant neoplasm, lung, bronchus ..	M	–	–	–	–	–	–	2	12	48	45	17	124	–	–	–	–	–	–	2	4	39	35	23	103
		F	–	–	–	–	–	1	–	4	7	8	7	27	–	–	–	–	–	–	1	5	8	7	6	27
B.19(7)	Malignant neoplasm, breast	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	9	18	16	10	14	67	–	–	–	–	–	–	3	13	12	15	13	56
B.19(8)	Malignant neoplasm, uterus	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	1	2	5	6	6	8	28	–	–	–	–	–	–	1	2	6	1	1	11
B.19(9)	Malignant neoplasm, prostate	M	–	–	–	–	–	–	–	–	2	8	8	18	–	–	–	–	–	–	–	1	3	5	12	21
		F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.19(10)	Leukaemia	M	–	–	–	–	1	–	1	–	–	–	5	7	–	–	–	1	1	–	2	2	1	1	2	10
		F	–	–	–	2	1	–	1	1	2	3	2	12	–	–	1	1	–	–	–	1	–	–	4	7
B.19(11)	Other malignant neoplasms, etc. ..	M	–	–	1	1	1	5	6	8	15	17	8	62	–	–	1	1	1	2	5	7	18	17	15	67
		F	–	–	–	1	2	–	2	6	11	19	21	62	–	–	1	5	1	2	2	10	17	20	18	76
B.20	Benign and unspecified neoplasms ..	M	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	1	–	–	1	2
		F	–	–	–	1	1	–	1	2	1	1	1	8	–	–	1	–	–	–	–	–	1	1	1	4
B.21	Diabetes mellitus ..	M	–	–	–	–	–	–	–	1	1	2	3	7	–	–	–	–	–	–	–	–	–	5	2	7
		F	–	–	–	–	1	–	–	–	5	4	5	15	–	–	–	–	–	–	1	–	1	3	7	12
B.22	Avitaminoses etc. ..	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
B.46(1)	Other endocrine, etc., diseases	M	–	–	–	1	–	–	–	1	–	1	–	3	–	–	1	–	–	–	–	–	1	2	1	5
		F	–	–	–	–	1	1	–	1	–	3	3	9	1	–	–	–	–	–	1	–	2	5	1	10
B.23	Anaemias	M	–	–	–	–	–	–	–	–	–	–	4	4	–	–	–	–	–	–	–	–	–	3	3	
		F	–	–	1	–	–	–	–	–	1	3	2	7	–	–	–	–	–	–	1	–	–	–	5	6
B.46(2)	Other diseases of blood, etc.	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
		F	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	–	–	–	–	–	1	–	–	1
B.46(3)	Mental disorders ..	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	3
		F	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	7	7	
B.24	Meningitis	M	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1
		F	–	–	–	–	–	–	–	–	2	–	1	3	2	–	–	–	–	–	–	–	–	–	–	2
B.46(4)	Other diseases of nervous system, etc. ..	M	–	1	–	1	–	1	1	2	–	4	2	12	–	1	1	1	–	2	–	–	6	2	5	18
		F	–	–	2	–	–	–	–	1	1	2	5	11	–	–	–	–	–	–	1	1	2	4	5	13
B.26	Chronic rheumatic heart disease ..	M	–	–	–	–	–	1	2	–	3	2	4	12	–	–	–	–	–	1	1	–	7	4	2	15
		F	–	–	–	–	–	1	2	4	4	–	5	16	–	–	–	–	–	–	–	2	5	7	8	22
B.27	Hypertensive disease	M	–	–	–	–	–	–	–	6	6	6	12	30	–	–	–	–	–	2	–	1	5	6	7	21
		F	–	–	–	–	–	–	–	1	2	6	11	20	–	–	–	–	–	–	–	2	3	6	12	23
B.28	Ischaemic heart disease	M	–	–	–	–	–	2	16	41	77	106	99	341	–	–	–	–	1	1	17	35	74	131	126	385
		F	–	–	–	–	–	–	1	13	29	64	133	240	–	–	–	–	–	–	2	5	11	56	184	258
B.29	Other forms of heart disease ..	M	–	–	–	–	–	–	–	–	6	10	33	49	–	–	–	–	–	1	1	–	5	8	40	55
		F	–	1	1	–	–	–	–	1	8	10	67	88	–	1	–	–	–	–	–	2	4	12	68	87
B.30	Cerebrovascular disease	M	–	–	–	–	–	1	3	3	14	30	52	103	–	–	–	–	1	–	–	5	22	24	65	117
		F	–	–	–	–	–	–	3	9	12	28	92	144	–	–	–	–	–	1	2	6	16	39	142	206
B.46(5)	Other diseases of circulatory system ..	M	–	–	–	–	–	–	2	5	7	15	22	51	–	–	–	–	–	–	1	1	7	15	41	65
		F	–	–	–	–	–	–	–	1	3	13	40	57	–	–	–	–	–	1	–	1	5	10	59	76
B.31	Influenza	M	–	–	–	–	–	–	–	1	3	2	5	11	–	–	–	–	1	–	–	–	2	3	4	10
		F	–	–	–	–	–	–	–	1	–	3	3	7	–	–	–	–	–	–	–	–	1	2	5	8
B.32	Pneumonia	M	4	4	–	2	1	–	1	2	5	16	57	92	1	1	2	–	–	2	1	1	9	16	68	101
		F	1	1	–	–	–	–	1	–	6	17	71	97	–	3	–	–	–	–	3	2	5	18	95	126
B.33(1)	Bronchitis and emphysema ..	M	–	–	–	–	–	–	1	2	19	41	36	99	–	–	–	–	–	–	–	5	17	21	43	86
		F	–	–	–	–	–	–	–	–	–	5	17	22	–	–	–	–	–	–	–	3	4	9	29	45
B.33(2)	Asthma	M	–	–	–	1	–	–	–	1	–	1	–	3	–	–	–	–	–	–	–	1	–	–	1	2
		F	–	–	–	–	–	–	–	–	1	1	4	6	–	–	–	–	–	–	1	2	–	2	–	5
B.46(6)	Other diseases of respiratory system ..	M	–	1	1	–	–	–	–	1	1	5	7	16	–	4	1	–	–	1	1	–	1	7	8	23
		F	–	2	–	–	–	1	1	1	1	2	9	17	–	–	–	1	–	–	–	–	2	2	6	11
B.34	Peptic ulcer ..	M	–	–	–	–	–	–	–	–	–	2	8	10	–	–	–	–	–	–	–	3	3	3	5	14
		F	–	–	–	–	–	–	–	1	–	–	2	3	–	–	–	–	–	–	–	–	–	2	8	10

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF BUCKINGHAM, 1969—*continued*

Causes of Death		Sex	Aggregate of Urban Districts													Aggregate of Rural Districts											
			Under 4 wks.	4 wks.-under 1	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75 and over	Total	Under 4 wks.	4 wks.-under 1	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75 and over	Total
B.35	Appendicitis ..	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1
		F	–	–	–	–	–	–	–	–	–	–	3	3	–	–	–	–	–	–	–	–	1	–	–	1
B.36	Intestinal obstruction and hernia	M	1	–	–	–	1	–	–	–	1	2	3	8	1	–	2	–	–	–	–	–	–	1	1	5
		F	–	–	–	–	–	–	–	1	1	–	2	4	–	–	1	–	–	–	–	2	–	2	6	11
B.37	Cirrhosis of liver ..	M	–	–	–	–	–	–	–	1	–	1	1	3	–	–	–	–	–	–	–	–	–	1	1	2
		F	–	–	–	–	–	–	–	1	–	3	2	6	–	–	–	–	–	–	–	–	3	3	2	8
B.46(7)	Other diseases of digestive system ..	M	1	–	1	–	–	–	–	–	–	3	6	11	–	–	–	–	–	–	–	1	4	3	5	13
		F	–	1	–	–	–	–	–	1	2	2	7	13	–	–	–	–	–	–	–	4	2	6	13	25
B.38	Nephritis and nephrosis	M	–	–	–	–	–	–	–	1	2	–	3	6	–	–	–	–	–	–	1	1	2	2	1	7
		F	–	–	–	–	–	–	–	1	2	1	1	5	–	–	–	–	–	–	–	–	–	1	1	2
B.39	Hyperplasia of prostate	M	–	–	–	–	–	–	–	–	–	–	4	4	–	–	–	–	–	–	–	–	–	–	4	4
		F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.46(8)	Other diseases, genito-urinary system	M	–	–	–	–	–	–	–	–	1	1	3	5	–	–	–	–	–	–	1	–	–	6	1	8
		F	–	–	–	–	–	–	–	1	2	1	3	7	–	–	–	–	–	–	–	–	1	2	10	13
B.41	Other complications of pregnancy ..	M	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	1
B.46(10)	Diseases of musculo-skeletal system ..	M	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	2	–	–	2
		F	–	–	–	–	–	–	–	1	1	–	2	4	–	–	–	–	–	–	1	–	1	–	9	11
B.42	Congenital anomalies	M	6	2	1	1	1	1	–	1	1	–	–	14	7	2	1	–	–	–	–	–	–	–	–	10
		F	10	5	–	1	1	1	–	–	–	–	1	19	3	1	1	1	–	–	–	–	1	–	–	7
B.43	Birth injury, difficult labour, etc. ..	M	18	–	–	–	–	–	–	–	–	–	–	18	4	–	–	–	–	–	–	–	–	–	–	4
		F	13	–	–	–	–	–	–	–	–	–	–	13	5	1	–	–	–	–	–	–	–	–	–	6
B.44	Other causes of perinatal mortality	M	6	–	–	–	–	–	–	–	–	–	–	6	1	–	–	–	–	–	–	–	–	–	–	1
		F	3	–	–	–	–	–	–	–	–	–	–	3	3	–	–	–	–	–	–	–	–	–	–	3
B.45	Symptoms and ill-defined conditions	M	–	–	–	–	–	–	–	–	–	1	2	3	–	–	–	–	–	–	–	–	–	–	1	1
		F	–	–	–	–	–	–	–	–	–	–	5	5	–	–	–	–	–	–	–	–	1	–	5	6
BE.47	Motor vehicle accidents	M	–	–	1	1	8	3	3	5	3	3	1	28	–	–	1	–	11	1	1	3	5	3	5	30
		F	–	–	–	–	1	–	3	2	1	2	1	10	–	–	1	3	2	1	3	2	1	4	2	19
BE.48	All other accidents ..	M	–	1	–	2	–	1	3	5	2	4	5	23	–	1	2	1	3	2	4	2	4	5	2	26
		F	–	–	–	–	–	–	1	2	2	2	12	19	–	–	–	1	1	1	–	1	1	6	21	32
BE.49	Suicide and self-inflicted injuries ..	M	–	–	–	–	–	5	1	4	1	–	1	12	–	–	–	–	2	1	2	2	1	2	1	11
		F	–	–	–	–	1	4	1	1	1	–	1	9	–	–	–	–	1	2	3	3	–	–	1	10
BE.50	All other external causes	M	–	–	1	1	–	–	2	1	1	1	–	7	–	–	–	1	–	1	–	–	1	1	–	4
		F	–	–	1	–	–	2	2	2	1	1	3	12	–	–	–	–	–	–	–	1	–	–	1	2
All causes total		M	36	12	7	11	13	22	46	111	238	355	436	1287	14	9	13	6	22	17	41	83	256	355	522	1338
		F	28	11	5	5	9	15	32	88	144	242	589	1168	14	7	6	12	5	10	27	74	134	271	795	1355
Total			64	23	12	16	22	37	78	199	382	597	1025	2455	28	16	19	18	27	27	68	157	390	626	1317	2693

CHILD HEALTH CLINICS

Clinics	Address	Doctor Attends
Amersham (New Town)	St. John Ambulance H.Q., Chiltern Avenue	Thrice monthly
Amersham (Old Town)	British Legion Hall, Whielden Street	Monthly
Aston Clinton	Baptist Church Hall	Do.
Aylesbury	The Clinic, Pebble Lane	Weekly
Aylesbury—Quarrendon	Child Welfare Centre, 1 Lay Road	Weekly
„ Southcourt	Church of the Good Shepherd, Church Square, Southcourt	Twice monthly
„ Tring Road	Limes Avenue Baptist Church, Tring Road	Weekly
Beaconsfield	The Old Rectory	Monthly
Bierton	Methodist Chapel, Burcott Lane	Do.
Bletchley	School Clinic, Whalley Drive	Weekly
„	Methodist Church, Bletchley Road	Twice monthly
Bourne End	The Community Centre	Weekly
Bradwell	The Surgery, 122 Newport Road, New Bradwell	Monthly
Brill	The Institute	No doctor
Buckingham	Congregational School Room	Monthly
Burnham	British Legion Hall, Gore Road	Twice monthly
„ Lent Rise	Methodist Church Hall, Lent Rise	Weekly
Chalfont St. Giles	Memorial Hall	Monthly
Chalfont St. Peter	Community Centre, Amersham Road	Twice monthly
Chartridge	Village Hall	Monthly
Cheddington	Methodist Schoolroom	Monthly
Chesham	The School Clinic, Germain Street	Weekly
„ Pond Park	Community Hall, Windsor Road, Pond Park, Chesham	Twice monthly
Datchet	Village Hall	Twice monthly
Denham	Health Centre, Oxford Road	Thrice monthly
Dorney	Village Hall	Monthly
Downley	Memorial Hall	Weekly
Edlesborough	Memorial Hall	Monthly
Eton	Eton Church Hall	Do.
Eton Wick	Village Hall	Twice monthly
Farnham Common	Village Hall, Victoria Road	Monthly
Farnham Royal	Village Hall	Twice monthly
Farnham Royal, Britwell Estate	Wentworth Avenue, Britwell Estate	Weekly
Flackwell Heath	Community Centre	Weekly
Gerrards Cross	Memorial Hall	Monthly
Great Hampden	Village Hall	Do.
Great Kingshill	Village Hall	Do.
Great Missenden	Baptist Church Hall	Do.
Grendon Underwood	Village Hall	Do.
Haddenham	Village Hall	No doctor
Halton (Voluntary)	R.A.F. Camp, Halton	No doctor
Hanslope	Church Institute	Monthly
Hazlemere	Penn Road Methodist School Room	Weekly
High Wycombe	Health Centre, The Rye	Weekly
„ Booker	St. Birinus Church Hall Sycamore Road	Twice monthly
„ Castlefield	Castlefield Methodist Church Hall	Twice monthly
„ Deeds Grove	Methodist Church, Desborough Avenue	Twice monthly
„ Micklefield	St. Peter's Church Hall	Weekly
„ Sands	War Memorial Hall	Do.
„ Totteridge	St. Andrews Church Hall	Do.
„ West Wycombe	Community Centre	Monthly
„ Wycombe Marsh	St. Anne's Church Room	Do.
Holmer Green	Village Centre	Twice monthly
Holtspur	Congregational Church Hall, Crabtree Close, Holtspur	Monthly
Horton	Champneys Hall	Do.
Hughenden Valley	Village Hall	No doctor
Iver	Church Institute, Thorney Lane	Monthly
Iver Heath	New Village Hall	Twice monthly
Ivinghoe	Youth Hostel	Twice monthly
Lacey Green	Village Hall	Monthly
Lane End	Memorial Hall	Twice monthly
Lee Common	Ballinger War Memorial Hall	Monthly
Little Chalfont	Little Chalfont Hall	Twice monthly
Long Crendon	Sports Pavilion	Monthly
Loudwater	Recreation Hall	Twice monthly
Marlow	Health Centre, Victoria Road	Weekly
Marlow Bottom	Village Hall	Twice monthly
Medmenham (Voluntary)	R.A.F. Camp, Medmenham	No doctor

CHILD HEALTH CLINICS—*continued*

Clinics	Address	Doctor Attends
Naphill	Memorial Hall	Twice monthly
Newport Pagnell	Congregational Schoolroom, High Street	Monthly
New Beaconsfield	Youth Club, Maxwell Road	Twice monthly
Newton Longville	Methodist Church Schoolroom	Monthly
Olney	Church Hall, High Street	Twice monthly
Prestwood	Village Hall	Monthly
Princes Risborough	Parish Church Hall	Twice monthly
Quainton	Memorial Hall	Monthly
Radnage	Cricket Pavilion	No doctor
Richings Park, Iver	St. Leonard's Church Hall, Richings Park	Monthly
St. Leonards-cum-Cholesbury	Village Hall, Cholesbury	Do.
Seer Green and Jordans	Baptist School Room, Seer Green	Do.
Slough	Health Centre, Burlington Road	Weekly
„ Cippenham	Central Hall, Bower Way	Weekly
„ Parlaunt Park	Parlaunt Road	Do.
„ The Merrymakers Hall	Meadow Road, Langley	Do.
„ St. Michael's	Slough Social Centre, Farnham Road	Do.
„ Wexham Court	Wexham Court, Knolton Way, Slough	Do.
Steeple Claydon	Library Hall	Monthly
Stewkley	Village Hall	No Doctor
Stokenchurch	Memorial Hall	Monthly
Stoke Poges	Village Hall	Twice monthly
Stone	Village Hall	Monthly
Stony Stratford	Scouts Hut	Do.
Twyford	Village Hall	Monthly
Tylers Green and Penn	Parish Room, Tylers Green	Weekly
Waddesdon	Village Hall	No doctor
Wendover	Memorial Hall	Weekly
Weston Turville	Union Chapel Hall	Monthly
Whitchurch	Methodist Hall	Monthly
Widmer End	Village Hall	Twice monthly
Wing	Village Hall	Monthly
Wingrave	Temperance Hall	Do.
Winslow	The Health Centre, Avenue Road,	Twice monthly
Woburn Sands	The Institute	Monthly
Wolverton	Scouts' Hall	Weekly
Wooburn Green	St. Mary's Hall	Monthly
Wraysbury	Village Hall	Do.

MOBILE HEALTH CLINICS

(Doctor attends each session)

Monthly Session	Villages Visited
First Monday (afternoon)	Chearsley, Cuddington, Dinton.
Third Monday „	Great Horwood, Mursley.
Fourth Monday „	Stoke Hammond, Drayton Parslow, Swanbourne.
First Tuesday (afternoon)	Slapton, Ivinghoe Aston, Marsworth.
Second Tuesday (morning)	Tingewick, Gawcott.
Second Tuesday (afternoon)	Castlethorpe, Haversham.
Third Tuesday „	Loughton, Shenley Church End, Shenley Brook End.
Fourth Tuesday „	Longwick, Great Kimble, Butlers Cross.
Second Thursday „	Adstock, Padbury, Maids Moreton
Fourth Thursday „	Ickford, Worminghall, Oakley, Shabbington.
First Friday (morning)	Nash, Whaddon, Thornborough.
First Friday (afternoon)	Bow Brickhill, Little Brickhill, Great Brickhill.
Second Friday (morning)	Sherington, Lavendon.
Second Friday (afternoon)	Astwood, North Crawley.
Third Friday (morning)	Akeley, Lillingstones

SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED DURING THE YEAR 1969

DISTRICT	Tuberculosis		Scarlet fever	Whooping Cough	Tetanus	Measles	Acute Pneumonia	Meningococcal Infections	Acute Poliomyelitis		Acute Encephalitis		Dysentery	Ophthalmia neonatorum	Malaria	Smallpox	Para-typhoid Fever	Typhoid Fever	Food poisoning	Meningitis	Infective Hepatitis	Malaria
	Respiratory	Other							Paralytic	Non-paralytic	Infective	Post infectious										
URBAN																						
1. Aylesbury Borough ..	14	2	7	–	–	38	–	–	–	–	–	–	62	–	–	–	–	–	12	–	8	–
2. Beaconsfield	–	–	1	–	–	14	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
3. Bletchley	5	–	9	–	–	246	–	–	–	–	–	–	17	–	–	–	–	–	6	–	5	–
4. Buckingham Borough ..	–	–	–	–	–	11	–	–	–	–	–	–	1	–	–	–	–	–	–	1	1	–
5. Chesham	1	3	1	1	–	33	–	–	–	–	–	–	103	–	–	–	–	–	–	–	1	–
6. Eton	–	–	2	–	–	43	–	–	–	–	–	–	3	–	–	–	1	–	–	–	1	–
7. High Wycombe Borough	15	5	11	–	–	123	–	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–
8. Marlow	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
9. Newport Pagnell ..	–	–	1	–	1	2	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–
10. Slough Borough ..	29	19	15	–	–	705	–	–	–	–	–	–	1	–	1	–	–	2	5	–	1	–
11. Wolverton	1	–	3	–	–	35	–	–	–	–	–	–	–	–	–	–	–	–	–	–	42	–
TOTAL URBAN ..	65	29	50	1	1	1,250	–	–	–	–	–	–	189	–	1	–	1	2	25	2	59	–
RURAL																						
1. Amersham	7	4	52	5	–	185	–	–	–	–	–	–	46	1	–	–	–	–	10	–	14	–
2. Aylesbury	4	2	3	1	–	39	–	–	–	–	–	–	11	–	–	–	–	–	11	–	7	–
3. Buckingham	–	–	–	1	–	54	–	–	–	–	–	–	–	–	–	–	–	–	3	–	–	–
4. Eton	4	3	19	3	–	511	–	–	–	–	1	–	2	–	–	–	–	1	18	–	6	–
5. Newport Pagnell ..	5	2	2	–	–	20	–	–	–	–	–	–	–	–	–	–	–	–	5	–	8	–
6. Wing	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–
7. Winslow	1	–	1	–	–	99	–	–	–	–	–	–	6	–	–	–	–	–	–	–	–	–
8. Wycombe	8	2	13	–	–	149	–	–	–	–	–	–	238	–	–	–	–	–	–	1	8	–
TOTAL RURAL ..	29	14	90	10	–	1,057	–	–	–	–	1	–	303	1	–	–	–	1	48	1	45	–
TOTAL FOR COUNTY ..	94	43	140	11	1	2,307	–	–	–	–	1	–	492	1	1	–	1	3	73	3	104	–

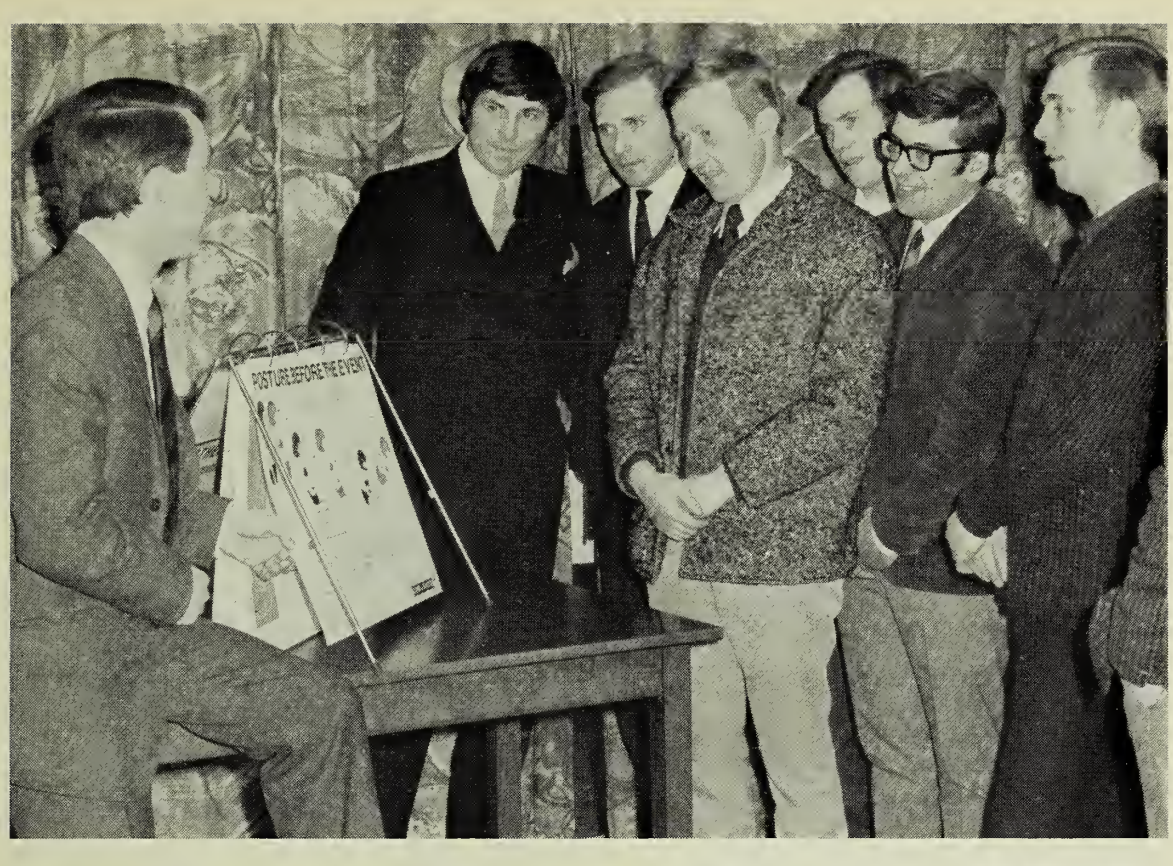
POPULATIONS, BIRTH AND DEATH RATES FOR THE YEAR 1969

District	Population Census 1961	Registrar-General's estimated population mid 1969	Births		Deaths	
			Number	Rate per 1,000 population	Number	Rate per 1,000 population
URBAN						
Aylesbury	27,923	36,730	742	20.2	298	8.1
Beaconsfield	10,073	11,940	136	11.4	97	8.1
Bletchley	17,095	28,300	630	22.3	199	7.0
Buckingham	4,379	4,970	78	15.7	44	8.9
Chesham	16,297	20,750	381	18.4	169	8.1
Eton	3,894	5,370	32	6.0	38	7.1
High Wycombe ..	49,981	57,360	1,184	20.6	464	8.1
Marlow	8,724	11,020	206	18.7	105	9.5
Newport Pagnell ..	4,743	6,020	117	19.4	94	15.6
Slough	80,781	92,750	1,693	18.3	167	8.3
Wolverton	13,113	13,600	239	17.6	180	13.2
TOTAL URBAN ..	236,943	288,810	5,438	18.8	2,455	8.5
RURAL						
Amersham	56,005	64,710	971	15.0	614	9.5
Aylesbury	33,336	37,240	606	16.3	387	10.4
Buckingham	8,497	9,950	132	13.3	91	9.1
Eton	66,932	72,600	947	13.0	624	8.6
Newport Pagnell ..	14,107	15,550	253	16.3	200	12.9
Wing	9,083	10,020	142	14.2	98	9.8
Winslow	7,939	9,770	173	17.7	153	15.7
Wycombe	51,252	69,560	1,304	18.7	526	7.6
TOTAL RURAL ..	247,151	289,400	4,528	15.6	2,693	9.3
TOTAL COUNTY ..	484,094	578,210	9,966	17.2	5,148	8.9
ENGLAND AND WALES		48,826.800	797,542*	16.3	579,463	11.9

* Estimated

COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1960-1969

YEAR	BIRTH RATE per 1,000 population				DEATH RATE per 1,000 population				INFANT MORTALITY RATE per 1,000 births			
	Urban	Rural	County	England and Wales	Urban	Rural	County	England and Wales	Urban	Rural	County	England and Wales
1960	19.1	18.2	18.6	17.1	9.7	9.7	9.7	11.5	21.1	18.5	19.8	21.7
1961	19.8	17.4	18.6	17.4	9.1	9.6	9.4	12.0	19.0	17.1	18.1	21.4
1962	20.3	18.2	19.2	18.0	9.1	10.1	9.6	11.9	16.5	19.5	17.9	21.4
1963	20.8	17.6	19.2	18.2	9.3	10.5	9.9	12.2	17.7	17.6	17.7	20.9
1964	21.8	18.5	20.1	18.4	8.4	9.1	8.7	11.3	16.5	17.1	16.7	20.0
1965	20.9	18.4	19.6	18.1	8.4	9.3	8.9	11.5	13.2	16.9	14.9	19.0
1966	20.6	17.3	18.9	17.7	8.9	9.5	9.2	11.7	15.0	16.9	15.9	19.0
1967	19.6	16.6	18.1	17.2	8.6	9.2	8.9	11.2	14.7	16.9	15.7	18.3
1968	19.2	16.5	17.9	16.9	8.8	9.4	9.1	11.9	15.0	12.0	14.0	18.0
1969	18.8	15.6	17.2	16.3	8.5	9.3	8.9	11.9	16.0	10.0	13.0	18.0



EXPECTANT FATHERS CLASS

SPEECH THERAPY—
MOBILE UNIT

PLAYGROUP IN SESSION

AMBULANCE MAJOR INCIDENT EXERCISE 'COMBINE'

SCHOOL HEALTH SERVICE

NUMBER OF CHILDREN ON SCHOOL ROLLS

Nursery schools	5,003
Primary schools (including nursery classes)	61,096
Secondary modern schools	22,890
Selective secondary schools	14,992
Special schools	903
	100,884

REVIEW OF SCHOOL HEALTH SERVICE

1. General

A comprehensive review of the school health service was undertaken during the year. This covered the historical background, arrangements for the medical examination of school children, health education, services for handicapped pupils, child guidance and special services. The review referred in detail to future developments with particular reference to medical examinations, staffing, a comprehensive assessment service, health education and the provision of special educational treatment.

The review resulted in the following conclusions and recommendations which were adopted:

(a) *Health education:* the increasing importance of adequate and accurate health education for children of all ages should be recognised and the contribution of the school health service, in co-operation with the staff of schools, to the development of suitable health education programmes should be regarded as a major future commitment of the service.

(b) *Medical examinations:* the scheme for the selective medical examination of school children should be extended to cover the whole county by the end of 1970; a pilot scheme to assess the practicability of children being medically examined prior to admission to infants' schools should be undertaken; proper accommodation for medical examinations and other clinical services of the school health service should be made available when required at all schools in the county.

(c) *Staffing:* suitably interested and experienced family doctors should be encouraged to undertake certain aspects of school health work; in view of the rapidly increasing child population and the rising work load on doctors, the establishment should be increased by two medical officers in 1970/71; thereafter in the light of recruitment further reports should be made to Committee; discussion should take place with the hospital authorities regarding the possibility of joint medical appointments.

(d) *Handicapped children:* discussions should take place with the hospital authorities regarding the provision of a full assessment service for handicapped children including a comprehensive audiology service.

MEDICAL EXAMINATION OF SCHOOL CHILDREN

General

Of the total of 100,884 children in attendance at maintained schools in the county, 24,997 were medically examined and as a result no less than 24,964 were found to be in a satisfactory physical condition. In other words the physical condition of 99.99% of the children examined was satisfactory whilst that of .01% was unsatisfactory. This position compares very favourably with that for the previous year when of a total of 22,746 children examined 34 were found to be in an unsatisfactory physical condition.

The number (and percentage) of children routinely examined and found to be unsatisfactory is now so small that improvement in the position is difficult to achieve. In these circumstances it may be worthwhile looking back at the general position thirty years ago. The annual report of the School Medical Officer for 1939 shows that of the 4,996 children routinely inspected 356 (7.1%) were in a slightly subnormal condition physically whilst 64 (1.0%) were in a bad physical condition. On these figures and taking the children in a "bad" condition only it could be said that the 1969 findings were 100 times better than those for 1939.

The following table shows the number of children who received routine medical examination each year since 1960 and the percentage of children found to have defects requiring treatment:

Year	*Total school population*	*Total no. of children examined*	*% of children with defects requiring treatment*
1960	73,017	19,516	10.8
1961	75,794	23,734	9.7
1962	77,429	22,802	8.7
1963	80,833	24,860	10.6
1964	82,285	26,111	11.3
1965	84,024	22,284	10.2
1966	87,831	25,552	10.5
1967	92,132	24,478	9.2
1968	96,985	22,780	8.9
1969	100,884	24,997	9.5

It will be seen from Table 1 (page 137) that there was a considerable increase in the number of school children examined at periodic inspection who were more than fourteen years of age; no less than 1,281 children born in 1955 and 4,859 born in 1954 or earlier were routinely examined, as compared with the corresponding figures for 1968 of 761 and 4,599 respectively. This reflects the fact that more children are staying at school beyond the minimum statutory period. It is interesting to note that, of 6,140 children examined in these groups, only three were in an unsatisfactory physical condition. On the other hand, of that total, 465 pupils were found to have defects which required treatment. It was somewhat disappointing to find that this number of pupils had reached the last years of their school life without the defects from which they suffered being remedied.

At the other end of the age groups there was an appreciable increase in the defects found amongst the school entrants; of the 6,412 entrants routinely examined during 1968, 361 were found to require treatment because of defects; of the 6,725 entrants examined during 1969, 444 were in need of treatment because of varying defects.

Progress continued to be made during 1969 in the introduction of selective medical examinations both in respect of those children in their last year of primary school life and those in the final year of school life. As mentioned earlier in the report it is hoped that the scheme will be implemented throughout the whole of the county by the end of 1970 as far as the intermediate examinations are concerned.

FINDINGS AT MEDICAL EXAMINATIONS

Information concerning the defects found at periodic, special and re-examinations carried out during the year which required either treatment or observation is shown in Table (XI) on page (139).

Of the defects found the most common were:

1. Eye defects

There was an appreciable increase in the number of children found to require treatment because of visual defects, squint or other eye conditions, the total of 1,142 being 223 greater than the corresponding total for 1968. In addition, another 1,169 children were recommended for observation because of these defects.

Of the children routinely examined and found to have visual defects requiring treatment, 365 were school leavers, 209 entrants and 312 in other groups. On the other hand of the 110 children examined at periodic inspections and recommended for treatment because of squint 57 were entrants one a leaver, and the remaining 10 came from other groups. This suggests quite clearly that squint defects are being found when the condition is amenable to treatment.

During the year 2,893 children were treated because of errors of refraction (including squint) and 3,185 were prescribed spectacles. In this connection it has to be appreciated that school children thought to be suffering from visual defects may be examined and treated at hospitals or by opticians.

2. Hearing defects

A total of 369 pupils examined at routine inspections were recommended for treatment because of defective hearing; this total was made up of 162 entrants, 62 leavers and 85 others, and was 178 less than the previous year's figure.

A further 1,688 pupils were found to have hearing defects which, although not requiring treatment, justified their being kept under observation.

It was pleasing to find that there was a decrease in the number of children having infection of the middle ear; the total of 47 pupils requiring treatment for this condition being 21 less than that for 1968. Twenty-six of these children were school entrants, 11 school leavers and the remainder in the other or special groups. One hundred and forty-eight pupils were recommended for observation because of middle ear infection.

Progress was made in the extension of the arrangements for screening tests to cover the whole of the county whilst selective examinations were again carried out by health visitors, trained in the use of pure-tone audiometers, on children who were thought to be suffering from hearing loss or who were experiencing difficulties which could be associated with hearing impairment. Generally requests for these selective hearing tests came from parents or teachers.

Health visiting staff continued during the year to concentrate on the early diagnosis of hearing defects since this is essential if the child is to derive full benefit from treatment. Health visitors trained to test the hearing of infants and young children carried out tests on children of pre-school age and, in doing so, paid particular attention to those children with a known risk of deafness.

Those children found to be either deaf or with only partial hearing were referred for examination (and if necessary treatment) to otologists.

At the end of the year there were in operation four units for children with partial hearing; these are established at Aylesbury, Amersham, High Wycombe and Slough. These units attached to primary schools cater for eight children each in the age range three to eleven years. Staff of the units work in close liaison with neighbouring nursery, infant and junior schools.

The work of the units includes educationally diagnostic teaching, remedial education and rehabilitation of the newly deaf as well as speech and auditory training and instruction in language and basic subjects. The aim is to integrate the children into the main-stream of education as far as possible.

The county advisory teacher of the deaf and a part-time peripatetic teacher of the deaf are responsible for the general supervision of hearing impaired children in ordinary schools. They undertake teaching, educational assessments, advisory work with teachers and parents and liaison with other county services.

Parent guidance and the management of pre-school children under the age of three is hospital based. There is close liaison between the hospital hearing therapist and the county teachers of the deaf.

Dr. A. W. Pringle, divisional school medical officer for the Aylesbury Division, reported that during the year all infant and primary schools in the Division were visited to test the hearing of entrant children plus any children suspected of hearing loss. Of the 1,646 children tested 6.7% were found to have varying degrees of hearing impairment and, of these children, 73 were referred for further investigation.

3. Nose and throat defects

There was an appreciable increase in the numbers of children examined at periodic and special examinations during the year who were found to require treatment because of nose and throat defects, the total at 224 being 54 more than the total for 1968. Of this total, 108 were school entrants, 54 specially re-examined children, 18 school leavers and 44 others. This suggests that the majority of these defects were diagnosed at an age when the condition was most likely to be amenable to treatment.

In addition to the children with these defects who were recommended for treatment, 695 were recommended for observation.

4. Speech defects

There was a small increase in the number of children found to require treatment because of speech defects, the total of 283 being 13 more than that for the previous year; a further 303 children examined at periodic and special inspections were recommended for observation because of these defects.

A comprehensive review of the speech therapy service was undertaken during the year. The report which was prepared following the review and which appears as Appendix B to this report was presented to and accepted by the appropriate committees.

The total number of children who received speech therapy treatment during the year was 1,095 made up as follows:

North Bucks and Winslow divisions	333
Aylesbury division	251
High Wycombe division	151
Amersham division	68
Slough and Eton divisions	292
Total ..	1,095

Eight speech therapists attended various courses outside the county. Lectures were given by speech therapists to teachers and parents of the mentally handicapped and also to parent and teacher groups at a number of schools.

Twelve speech therapy students visited speech clinics in Buckinghamshire during 1969 and working students continued to attend speech therapy clinics held in Chesham, Aylesbury and Slough.

5. Lung defects

Seventy-eight children were recommended for treatment because of lung defects and another 388 children were considered to be in need of observation because of such defects.

6. Orthopaedic defects

There was a considerable decrease in the number of children examined during the year at periodic and special inspections who were found to require treatment because of posture defects, the total at 38 being 19 less than the 1968 figure. These defects were found in 15 school entrants, 9 school leavers and 14 others

In addition to the children recommended for treatment a further 138 children were referred for observation because of these defects.

Remedial classes were held in the Slough Division and the remedial gymnast reported on his work as follows:

"One hundred and thirty-four schoolchildren were referred during the year for treatment because of defects of the feet; another 372 children were thought to warrant observation because of similar defects. These totals are less than those for the previous year and in this connection Mr. D. Idris-Evans, County Chiropodist, reported as follows:

"The expansion of the school chirpody service, which started in 1964, has continued during 1969. A total of 9,070 treatments were given, an increase of nearly 50% over the previous year. Treatment was mainly for verruca pedis (plantar wart) and was available in certain selected schools in the Slough, Marlow, High Wycombe, Chesham, Amersham and Aylesbury areas. Five chiropodists were employed on a sessional basis and part of both the senior chiropodist and my time was spent in schools. The chiropodist visited the schools weekly and children were treated in the schools, subject, of course, to their parents' consent.

It is becoming increasingly obvious that a more comprehensive school chiropody service must be developed so that deformities and dysfunctions, all too often found in school children's feet, and even amongst the under-fives, can be detected at an early stage and that any necessary treatment or advice can be given. Surgical intervention, all too often necessary in adult life, can in many cases be avoided if correction is applied at the appropriate time.

With this in mind, a complete review of the chiropody service in general was undertaken towards the end of the year. The county council agreed that a comprehensive chiropody service should be gradually developed with emphasis on prevention as well as treatment. Foot inspections should be complementary to medical inspections. As well as attending schools for routine treatments, chiropodists should be in attendance at school clinics and child health clinics.

On the preventative side, health education must play a major role. There can be no doubt that a high proportion of foot troubles and many other ills to which deformed feet lead or contribute are due to so called "fashionable" shoes for women. It is a very difficult task to persuade teenagers in particular that they should forego the dictates of fashion in favour of having normally shaped feet. If children wear well designed, correctly fitting shoes during the day, at least to the age of 16 years, then the wearing of wellingtons, sports shoes and party shoes for the appropriate

occasion does little damage. Shoe retailers and manufacturers should be encouraged to co-operate and perhaps local instruction given at technical colleges on shoe fitting. School authorities should be correctly advised when choosing uniform shoes. Lectures on foot health should be given in schools, to parent/teacher associations and women's groups, etc., and parents should be encouraged to shop at only those retailers who have staff well trained in the art of shoe fitting.

The development of such a service is, to a great extent, dependent on the recruitment of able, enthusiastic staff and suggestions to improve the recruiting problem were approved by the county council."

Handicapped pupils

As the handicapped pupils grows towards adulthood his future will be influenced by three factors, his family, his education and his own initiative and drive. The support received from his family, particularly during the early years, can be of vital importance and it is the responsibility of the school health service to ensure that he is able from a medical point of view to obtain maximum benefit from his education. Initiative and drive are inherent qualities which can, and should, be developed and stimulated.

A summary of the numbers of handicapped pupils may be of interest.

A total of 1,655 pupils (1,006 boys and 649 girls) are handicapped and require special education at home or in special schools or units. Three hundred and sixteen pupils (13 fewer than in 1968) were newly assessed and 233 were newly placed in special schools and units during 1969. At the end of the year, 301 children were awaiting placement and in addition many handicapped children, where they are able to make satisfactory progress, attend ordinary schools. Thirty-three children were receiving education at home at the end of the year.

Blind:

There are six boys and five girls who are blind. None of these was newly assessed during the year.

Partially sighted:

There are 10 boys and one girl who are partially sighted; three of these were newly assessed.

Deaf:

There are 13 boys and 13 girls who are ascertained as deaf; two or these were newly assessed during the year.

Partially hearing:

Twenty-five boys and 23 girls are partially hearing; two were newly assessed this year. Early diagnosis and the prompt introduction of auditory training are of vital importance to a child with severley imparied hearing. Nineteen-sixty-nine was the first complete year during which the new unit for partially hearing pupils of nursery and primary school age in Aylesbury was open. There are now four units for children of this age group in the county where 31 children are receiving special education.

Physically handicapped:

There are 58 boys and 35 girls who are physically handicapped and are receiving education in special schools or units or at home. Three were newly assessed during the year.

Delicate:

There are 39 delicate children requiring special education usually in boarding schools, of whom five were newly assessed during the year. Three of the children in this category have

diabetes and attend a hostel for diabetic pupils. The majority of children with diabetes are able to live normal lives as is shown by the following figures:

Education of Buckinghamshire children with diabetes:

pre school	6
ordinary schools	43
hostel for diabetics	3
*school for educationally subnormal pupils ..	1
*training school	1
*home tuition	1
Total ..	55

*children with additional handicaps

Maladjusted:

There are 170 maladjusted pupils for whom special education in special schools or units is required; 47 were newly assessed during the year. The new special school for 50 older maladjusted boys was near completion at the end of the year. The head teacher, the pyschiatrist, the social worker and other staff have been appointed, and at the time of writing the first pupils have been admitted.

Educationally subnormal:

In this, the numerically largest category of handicapped pupil, there are 1,242 children (737 boys and 505 girls) who have been recommended for education in special schools or classes. Two hundred and fifty-two were newly ascertained during the year.

Epileptic:

There are 12 children whose epilepsy or other handicap is so severe that education in a boarding school is necessary; two were newly assessed during the year. The vast majority of children with epilepsy are educated in ordinary schools.

Speech defects:

There are three children with severe speech defects in the county, none of whom was newly assessed during the year. The lack of facilities for these children is shown by the fact that only one of these is attending a suitable boarding school.

The school years are one phase in the life of a handicapped person. The school doctors are also child health doctors and know of many handicapped children before the latter reach school age. Working closely with paediatricians, other hospital consultants and general practitioners they are aware of their responsibilities to the school and to the youth advisors and others concerned when the young person leaves school.

The close co-operation with our colleagues in the education department continues and is of great benefit to the parents, to others involved in the care of handicapped children, and not least to the handicapped pupils themselves.

Child Guidance Service

For child guidance purposes the county is covered by four teams; Dr. Mary Lindsay leads the team covering Aylesbury and North Bucks, her clinics being in Aylesbury and Bletchley; Dr. C. E. Bagg leads the team in the Chesham/Amersham Division; Dr. Janet Lindsay the team in the Wycombe

Division with her clinics in High Wycombe; and Dr. Wilkinson leads the South Bucks team with clinic facilities at Burlington Road, Slough.

Dr. C. E. Bagg reported on the year's work in the Chesham/Amersham Division as follows:

"Statistical:

No. of children on the waiting list on 1.1.69	3
No. of new cases referred to the clinic during the year	78
No. of cases closed during the year	87
No. of children on waiting list on 31.12.69	7
No. of attendances	413

In a number of respects these figures do not give a true picture of the work of the clinic. For example, they refer exclusively to children seen by the psychiatrist and do not include parents seen by the psychiatric social workers at the clinic or on home visits or children and parents seen by the educational psychologist. In addition, children have been taken on rapidly in many cases in order to keep the waiting list to a minimum. Therefore, the figures of the number of children on the waiting list are not in any way related to the amount of work in progress. This rapid taking up of children referred for the waiting list has resulted in an over-filling of session time, with the consequence that children are seen less frequently than the clinical situation requires and also if a child misses an appointment he must then wait an inordinate length of time before the next appointment can be given, With an increase in psychiatric sessions and of accommodation in which they could be carried out these serious defects would be much reduced.

The number of referred appears in the table above. However;

(a) six parents were seen by the psychiatric social workers but the children concerned were not brought to the clinic;

(b) the figure of 78 children referred includes seven cases who were referred but in which the parents decided against their attending.

On the matter of case closure it remains our practice at this clinic to offer to cases, on closure, the opportunity of re-approaching the clinic in the event of need. Hence the term 'cases closed' embraces a broad spectrum which includes:

(i) children no longer attending but whose family have been offered an opportunity to return in the event of need (60);

(ii) children reaching school leaving age or leaving the area (27).

The total figure of cases closed is 87 as listed in the above table. Of this group, the number of cases in which it has been decided to make no further appointments is 60.

The time between referral and first appointment with the psychiatrist has now become four to six weeks. However, in cases of emergency a child is usually seen within a week; we also endeavour to make appointments with the educational psychologist and the psychiatric social worker within three to four weeks from referral.

It should be mentioned that families in areas such as Prestwood and Beaconsfield have difficulty in getting to Chesham if they depend on public transport. A clinic sited in Amersham might be very helpful to families from those areas."

Dr. Janet Lindsay, Medical Director of the Child Guidance Clinic in High Wycombe reported:

"Statistical:

No. of children on the waiting list on 1.1.69 was	50
No. of new cases referred to the clinic during the year	277
No. of cases closed during the year	169
No. of children on waiting list on 31.12.69	60

The length of time between referral and the first appointment for routine patients was three to four months.

The number of new patients referred to the clinic represents about a 40% increase over the number referred last year. Part of this increase has come from the increased referral rate of children under five years. Three years ago this represented about 5% of all children referred. The increase this year to 16% would appear to be a trend in the right direction because we hope that by seeing the children earlier we can do more to help them and to prevent grossly pathological child/parent relationships arising.

A new development this year has been to invite all the members of the Area Children's Department to periodic meetings at the clinic. We hope that this will provide a productive link between the two departments. We also have similar meetings with the Divisional School Medical Officers and we hope to extend this to other community workers in the future. We are now also participating in the Regional Hospital Board scheme for training doctors and we have a lady doctor who works at the clinic one day a week."

Dr. Vera Wilkinson, Medical Director of the Child Guidance Clinic in Slough, reported:

"Dr. Mildred Pott left the clinic in January, 1969 and until I was appointed at the end of August Dr. Browne maintained the psychiatric service on two sessions a week. Attendance figures therefore covered the cases seen by psychiatrists, psychiatric social workers, psychotherapist and educational psychologists within the clinic service. The crises consultation service was continued by Mrs. Blank, psychiatric social worker.

In addition to individual work with children and parents, case conferences are held weekly in the clinic and we welcome close liaison and consultation with other agencies involved with children and their famil es. We have resumed regular sessions with health visitors and the school medical officers and Dr. Browne has continued her weekly discussion group with the probation officers.

Fortnightly case conferences have been held at the George Green Adjustment Unit for emotionally disturbed children and the educational psychologists form a valuable link with the remedial teaching centre. During the year we have welcomed two students—a social worker student from the High Wycombe Technical College supervised by Mrs. Page and a remedial teaching student from the Maria Gray College."

Statistics:

Number of children on waiting list at 1st January, 1969	46
Number of cases referred during the year	193
Number of cases on waiting list at 31st December, 1969	19
Waiting list	6 weeks
Cases closed during year	25
Total clinic attendances during the year	2,023

HEALTH EDUCATION

In addition to 231 group sessions conducted with pupils who were undertaking a specific course of study, the staff of the Department undertook some 752 sessions with school-children on subjects concerned with their health.

This side of health education is of paramount importance, for if future generations are to benefit from the steadily expanding scientific knowledge about health, it is essential that children should be helped to understand how their own minds and bodies work, as well as how they fit into a changing society. This is an essential part of education for every age-group in all kinds of schools and it calls for a co-ordinated approach by teachers, nurses doctors, and others with appropriate knowledge.

Towards this end a series of meetings of representatives from the Departments of Education and of Health and Welfare, together with teachers in the county, took place during the year to discuss health education in schools. At these meetings it was agreed that health education has a growing place in the school curriculum and that the head teacher was the person responsible for deciding how, and to what extent, this should be structured into the programme at his school.

A suggested outline for health educat on in primary and secondary schools, together with a list of recommended visual aids, were produced to assist head teachers in this important task, and meetings were commenced between health education staff and teachers in the various teaching centres to discuss ways and means by which the department could further assist schools in their planning, programming and carrying out health education.

As has been the practice for many years, a considerable amount of dental health education was carried out in schools, but it was becoming increasingly apparent that the method of teaching dental health in this direction was in need of a thorough review. Meetings were held between those concerned and, towards the end of the year, new ideas and developments more in keeping with modern educational methods were being actively considered.

In the North Bucks area experimental dental health project work was carried out in several schools and the enthusiasm shown was both interesting and encouraging.

An interesting trend was the greater interest being shown by many of the parents groups, and it is to be hoped that this will continue as parental co-operation in many of the health topics, particularly at the primary school stage, plays a large part in the child's development from knowledge of facts to acceptance and action.

SCHOOL DENTAL SERVICE

1. Review of service—follow-up

It was possible during 1969 to implement some of the recommendations of the comprehensive review of the service which was undertaken during 1968 and to achieve further expansion of the service.

The appointment of four area dental officers allowed some of the general administration of the service to be de-centralised and for a closer look to be taken at the dental needs of the different areas in the county.

Whilst the county has a comparatively high number of general dental practitioners, the cover they provide is not uniform throughout the whole area; some areas have a much higher dentist/population ratio than others. Generally, the urban areas have a relatively good ratio but in the more rural areas and in particular in the North Bucks area, the ratio is less favourable.

In deploying the available manpower in the school dental service this rather uneven distribution of general dental practitioners was taken into account and every effort was made to develop the school dental services for children in those areas remote from towns and fixed clinics.

Mr. H. R. Rippon was seconded to the course leading to the Diploma in Dental Public Health and was successful in obtaining this diploma. The course included work on dental epidemiology as well as the many aspects of preventive dentistry.

Every effort was made to expand the dental health education programme, particularly in the Wycombe Health Area.

2. Report by Mr. C. H. Griffiths, Principal School Dental Officer

(a) General

The year under review saw a further expansion of the School Dental Service.

In the South Bucks Area it was possible to inspect nearly all the school children whilst all those children attending nursery schools were inspected.

In the High Wycombe, Amersham and Chesham areas there was extended use of the mobile dental clinic, whilst there was also a big increase in the amount of dental health education undertaken.

The mobile dental clinic covering the Aylesbury area was in constant use throughout the year, providing a valuable service for children in the rural areas. All children attending schools in the Aylesbury area were dentally inspected during the year and a high standard of dental fitness was found in the majority of those children; this is a reflection of the high standard of work carried out by the dental practitioners concerned.

In the North Bucks area particular attention was paid to the development of the dental services for the younger age group; in addition a considerable amount of treatment was undertaken for handicapped children.

More orthodontic treatment was undertaken than during 1968; this form of treatment was carried out by the County Orthodontist and by school dental officers.

Most of the physically and mentally handicapped children were inspected and facilities for the treatment of these special groups were extended.

(b) Staff

Congratulations were extended to Mr. B. A. Berrill on his promotion to the post of Area Dental Officer North Bucks. whilst we welcomed Mrs. J. Evans and Mrs. L. Mason, school dental officers and Miss E. Edwards, dental auxiliary, when they took up their appointments.

We were sorry to lose the services of Mrs. A. Poole, who resigned her appointment because of family reasons and those of Mr. C. Rooney who had worked in the High Wycombe area for more than four years. He left the county to take up a senior post in Ireland and we wish him success on his new appointment. Dr. L. F. Loewe retired from full-time work in the Aylesbury area in May 1969 after fifteen years service with the county. Thanks are extended to him for all he has done for the children in the area during those valuable years of service; we are glad that he will be able to undertake a small number of sessions in a part-time capacity.

(c) Clinics

One further mobile dental caravan (making four in all) was taken into service during the year and used to provide an extended service in the Aylesbury rural area. This purpose-built caravan incorporates a well equipped mobile surgery with x-ray facilities.

New equipment was installed in some clinics and a comprehensive programme was prepared for the replacement over the next five years of all obsolete equipment.

Unfortunately, it has not yet been possible to replace the unsatisfactory dental clinic in Pebble Lane, Aylesbury, but it is hoped that purpose-built accommodation will become available in the reasonably near future.

(d) Conference, Courses, Activities

The annual one-day course for dental officers was again held at Missenden Abbey in June, when lectures were given by university and local authority staff on subjects of current interest. Dental officers attended post-graduate courses at the Eastman Dental Institute on children's dentistry and some dental officers attended the annual meeting of the British Dental Association. Mr. I. H. Maddick, Area Dental Officer, was invited to demonstrate his methods of dental health education at this conference, and great interest was shown in his techniques. Mr. Maddick has written and account of his project later in this report. He was also invited to speak on this subject to many different professional groups during the year. The Chief Dental Officer was invited to lecture to the students taking the D.D.P.H. courses, both in London and Birmingham, and also to speak on the "Dental needs of children" at a post-graduate course for public dental officers at the British Dental Association.

Dental officers, hygienists and auxiliaries have spoken to many groups on the subject of dental health during the year and a happy relationship with the health education staff has enabled work in this field to be further developed.

For a second year, an interesting study day was arranged, when about fifty students and staff from the Royal Dental Hospital spent a day in the county. Lectures and visits to places of interest were arranged to show the visitors something of public health activities from the medical, dental and social aspects of the service. Dr. B. H. Burne, Deputy Divisional School Medical Officer, and Mr. A. Young, Senior Lecturer in Children's Dentistry, with the Chief Dental Officer, arranged the programme as part of the course on dental public health which is now in the students' curriculum at this dental school. An account of this visit was published in the British Dental Journal and elicited great interest in the dental schools. Other teaching hospitals are now considering similar study days for their students.

It was felt that this valuable liaison between the teaching staff of the dental schools and the public health team was to their mutual advantage, and the close association with the academic staff enabled some interesting epidemiological studies to be planned.

The British Dental Journal gave a summary of Mr. Young's account of the visit as follows:

"The ultimate objective of an undergraduate course in dental public health is that the dental graduate should be capable of promoting communal effort to increase the amount, quality and type of dental care available to the population. By providing the undergraduate an opportunity to observe and have direct contact with persons in a community who have responsibilities for the total health and welfare of its citizens, it was hoped to widen the students' view of his professional opportunities and challenges to be met after graduation. It was considered that a field trip would readily provide this experience.

By means of a field trip the exercise was designed actively to involve each student in the gathering of information which he would later use in seminars as part of the course in dental public health. This active participation was regarded as essential in any attempt to motivate the student to study the subject in a more detailed and critical way."

Visits were paid to inspect the dental services of the county by a number of medical students, W. H. O. Fellows, and dental surgeons from other countries, including Iceland. They showed particular interest in the mobile clinics and in the work of the dental auxiliaries. They were also shown the dental health projects in the county that were being carried out at the times of their visits. It was felt that the exchange of ideas with fellow members of the profession was of value to our staff.

(e) Dental health education

The programme of Dental Health Education was further expanded and dental officers, hygienists and auxiliaries, in association with members of the health education staff, all contributed to this work.

Mr. I. H. Maddick, Area Dental Officer in the High Wycombe and Amersham area, developed his ideas of the teaching of dental health in the schools most successfully. The new Oral Hygiene Service film "Out of the mouths" which was released at the end of the year shows clearly the methods Mr. Maddick has developed, and it is felt this will be a most valuable film to be used in teachers' training colleges and other places where those interested in educational activities are studying.

Mr. Maddick has contributed a short account of his techniques:

"Discovery teaching methods are now widely used in primary schools. For the purpose of assessing their use in a programme of dental health education, these techniques have been used in the Wycombe Area of the county during the year.

The form teacher and the health educator working as a team invite the children (8-11 year-olds) to help them find out the best way of cleaning teeth. Based on Nuffield junior science principles this leads to a child designed—teacher guided experiment through which the children discover for themselves the major points of oral hygiene. They compare the speed of cleaning of the standard methods; toothbrush and paste, rinsing, eating an apple, etc., with ideas of their own, such as grandfather's 'soot and salt' toothpaste. They may also choose to compare costs of various methods and in so doing, collect information from the local shop. The writing up of the work and the calculations involved means that the work spreads over into other subjects. A final discussion of the findings allows the staff to correct false impressions, and offers the health educator the opportunity to bring out and emphasise the major points of dental health in a situation where the children's interest has been aroused by their discoveries.

The application of these techniques to health education has aroused wide interest and demonstrations were requested for the annual conference of the British Dental Association and at the London meeting of the International Association for Dental Research. In addition parts of the film were used by the B.B.C. in a recent 'Tomorrow's World' programme."

Dental officers have been asked to speak to parent-teacher associations and other adult audiences, and the work of dental health education amongst the ante-natal and young mothers' groups has proceeded satisfactorily.

The dental hygienists, auxiliaries and other dental staff spoke to nearly 23,000 children, in addition to a large number of groups covered by the county health education staff, who contribute their valuable help to the work in the dental field.

It was possible to expand this work in the North Bucks area by employing Miss K. Badrick, a New Zealand dental nurse, along with the area health education organiser. Films and various visual aids are used at many of these talks and both the school staff and pupils have now a much greater appreciation of the principles of dental health, due to the sustained efforts of our staff in this field.

Miss Badrick also lectured at the training school for dental auxiliaries, and with the area health education organiser, prepared a mobile dental health education exhibit which was taken to many of the child health clinics. A film was usually shown, and advice given to mothers on diets and on the care of their children's teeth. This proved to be a useful way of demonstrating the importance of the rules of good dental health to a responsive audience. The assessment of the value of this work is not easy, but it is felt to be an important part of the preventive dentistry that is practised by the public dental officer. The greater interest in the importance of the correct methods of tooth-cleaning and the care of the mouth is reflected in the improvement in dental hygiene seen in the schools today.

The restriction of between-meal snacks would do much to help reduce the incidence of dental caries, and the co-operation of head teachers is sought in the restriction of the sale of these decay-producing items in the school tuck shops.

Many schools have banned tuck shops or restricted the sale of some items, and replaced these with potato crisps, nuts, raisins and fruit and other less cariogenic foodstuffs, and this has proved an encouragement to our health education staff in their efforts towards promoting good eating habits, and ultimately a healthy mouth.

(f) Surveys

The survey of the eleven year old group of Slough children was undertaken again this year. Those who had spent all their lives in the area of Slough, which has a natural fluoride content to the water supply of almost the ideal for the protection of their teeth, still have about half the dental caries of those in other areas with a negligible amount of fluoride in the drinking water. It is to be regretted that due to an amalgamation of the water supplies to the area, the proportion of fluoride which has been around 0.7 part per million for some years is likely to drop, due to the mixture and dilution of the supply, and efforts should be made to restore this level to its former protective proportion for the benefit of the teeth of the young people in the area.

The figures in Slough still show a reduction of about 50% in caries prevalence compared with other areas of the county.

A study of five and twelve-year-old children in the rural area of High Wycombe and Amersham was carried out with the staff of the University of Birmingham under the guidance of Professor P. M. C. James. This valuable information will prove of use in the assessment of caries rates in these areas. It is felt that the co-operation of our dental officers in these epidemiological surveys is of interest to them, and it is only from large-scale studies of this nature that information can be obtained on the prevalence of dental caries and gum diseases in different parts of the county.

(g) Statistics

I am pleased to report that it has been possible to inspect and treat more children than in any previous year. The number of attendances for treatment compared with 1968 was greater, as was the number of courses of treatment completed.

Nearly 70% of the school population was inspected, which though not as high as I would like to see, is nevertheless about 10% above the national average.

The numbers of fillings done, in both permanent and deciduous teeth, were higher than in any previous year, indicating the importance attached to the conservation, rather than the extraction of teeth. The ratio of permanent teeth filled, to one permanent tooth extracted, was about 10 : 1 compared with a national ratio of about 6 : 1. This year the number of teeth extracted for orthodontic reasons, as distinct from dental caries, was recorded, and if the number of teeth extracted for this reason is excluded from the total, the ratio is even greater than 10 : 1.

The graphs (page 129) show significant trends over the past few years. Graph 1 shows the percentage of the school population inspected each year compared with the national average, and Graph 2 illustrates the ratio of permanent teeth filled to permanent teeth extracted, compared with the national average. The county figure is nearly double the national figure.

The amount of orthodontic treatment carried out in the county by both the orthodontist and by the dental officers increased considerably during the year, and a total of over 300 cases completed was recorded for the first time. The number of appliances fitted for the correction of dental abnormalities also increased by nearly two hundred, and this indicates the great importance of this part of the treatment provided by the school dental service. Many of the dental officers are now carrying out orthodontic treatment for their own patients, though they still refer the more complicated cases for treatment by the specialist in this field.

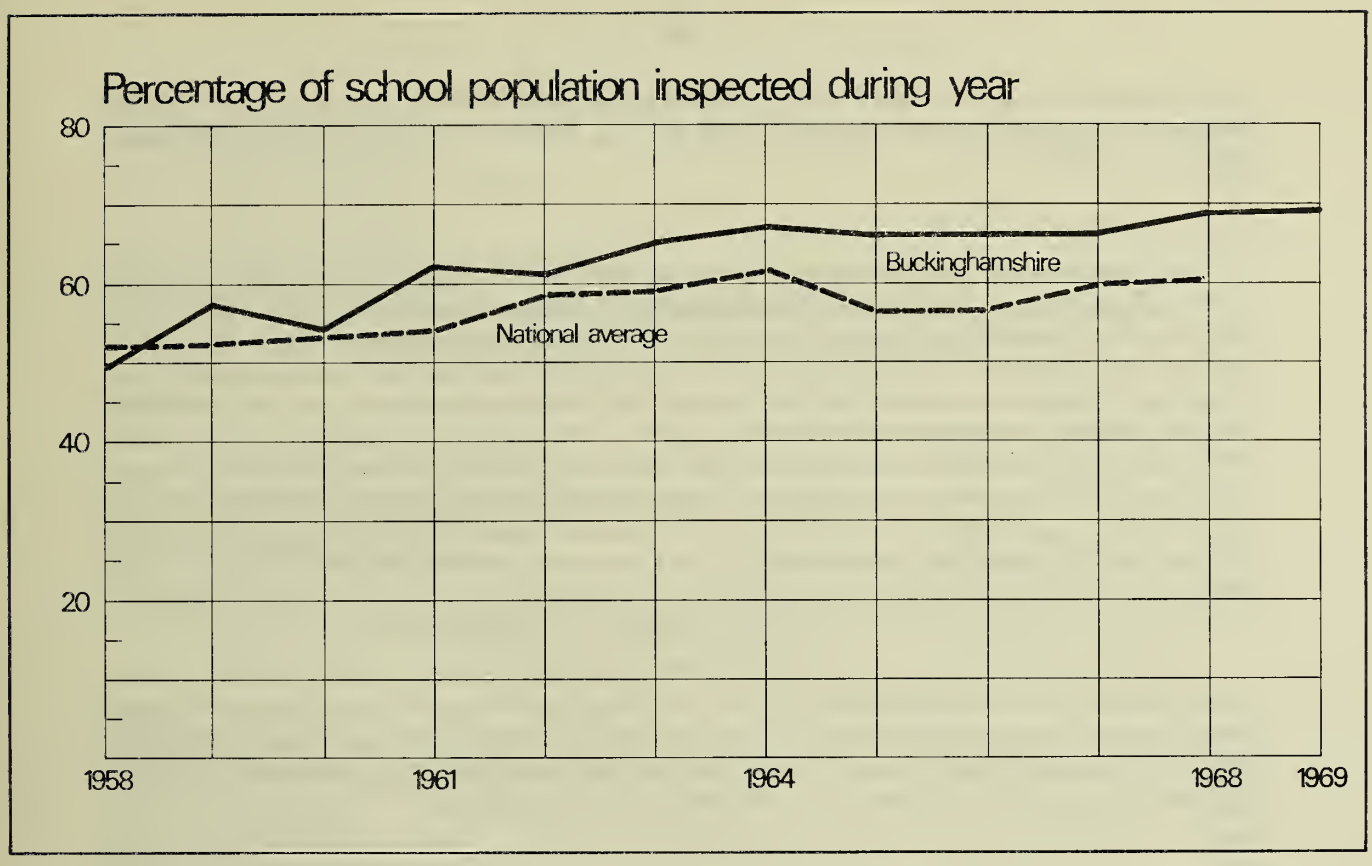
(h) Orthodontics

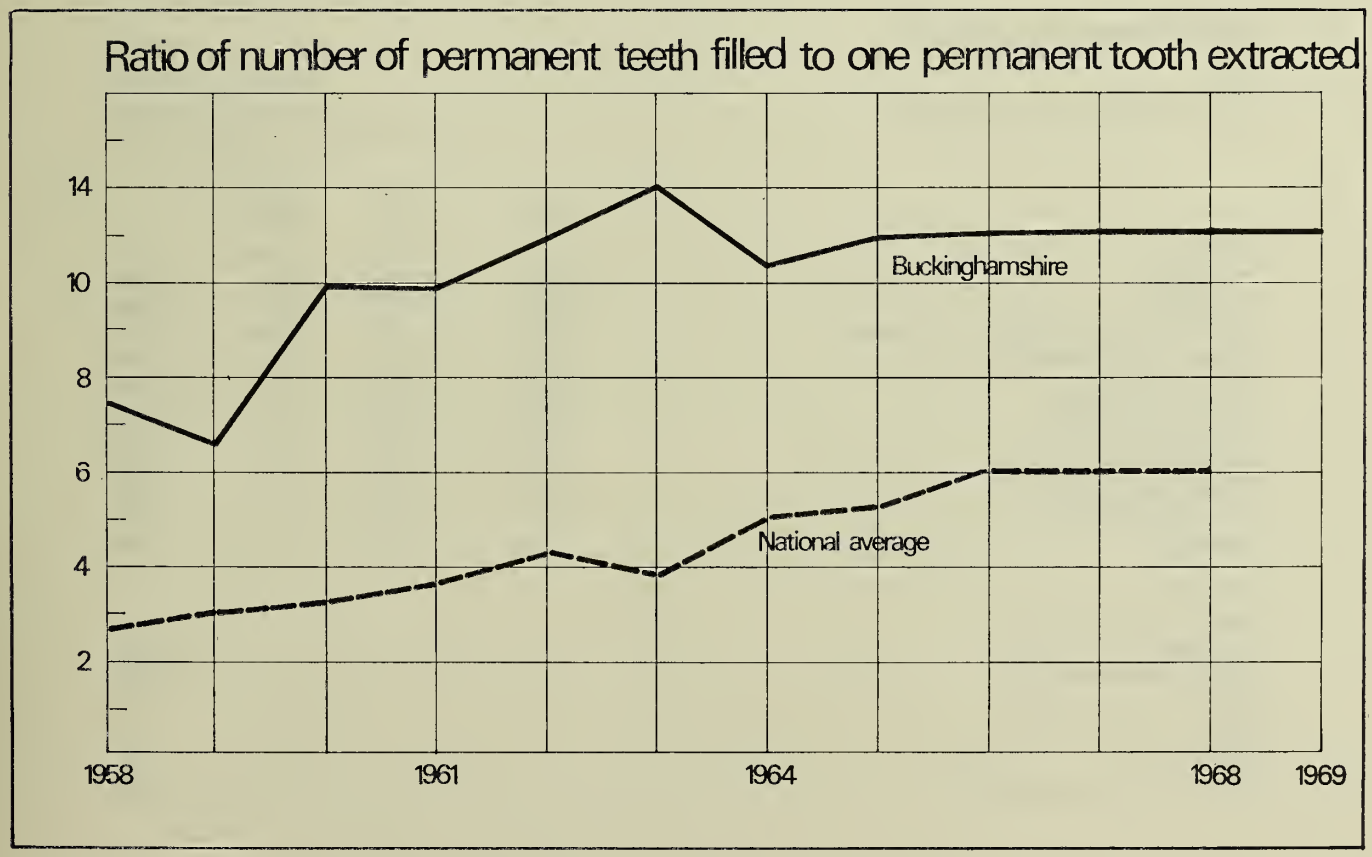
Miss A. Blandford, the County Orthodontist, submitted the following report on her work during the year:

> "The number of children referred by the school dental officers for orthodontic treatment continued to increase, and during the year totalled 519. All of these were examined and treatment was offered to those considered to benefit by it. One does not necessarily treat orthodontic conditions simply because they exist, but rather if the irregularity of the teeth is causing the patient physical or mental suffering now, or is likely to at some future date.
>
> Children whose treatment was commenced prior to 1969 numbered 1,709 and they continued to receive treatment during the year. Removable appliances fitted totalled 514; 255 of which were fitted for new patients. The remainder were second or third plates for those whose treatment was more advanced.
>
> Completed cases totalled 257, some by extraction only but mostly by appliance therapy.
>
> As previously, 60 children were referred to Stoke Mandeville Hospital for X-rays and surgery and a further 15 children received their orthodontic treatment jointly with the hospital."

(i) Health centres and the new city of Milton Keynes

The policy of building health centres is now being implemented, and a number are planned in the county. In some of these, dental surgeries are being provided, and the dental needs of both children and adults who will come into the new city of Milton Keynes is being closely studied. A dental liaison


Percentage of school population inspected during year
80
60
40
20
Buckinghamshire
National average
1958
1961
1964
1968
1969


Ratio of number of permanent teeth filled to one permanent tooth extracted
14
10
8
6
4
2
Buckinghamshire
National average
1958
1961
1964
1968
1969

committee has been set up for this purpose and it has already made some recommendations concerning the needs of the population who will come to the new city, and the most suitable means of providing treatment for these patients.

(j) Conclusion

The maintenance of good dental health for the children of the county has been the concern of the dental staff, both in prevention and in the provision of inspection and treatment. The county has a large number of general dental service practitioners, with whom the school service has good relations and they are appreciative of the emphasis given to preventive measures such as water fluoridation, dental health education, and other activities in which the public dental officer has an especial interest. This year the new developments in the field of dental health education as practised in some of our schools have been watched with interest, and have been the subject of film and television coverage. It is hoped that both parents and children will benefit from all the work that has been done by our staff in this field, and that as a result of the greater awareness of the importance of good dental health, treatment will be sought early and regularly, so that more and more children will leave school with healthy mouths, and the intention and knowledge of the way in which to maintain a high standard of dental health as they enter adult life. This is one of the chief functions of the school dental service.

I should like to thank the Chief Education Officer, the head teachers, school secretaries and all those members of the county education staff who have helped and co-operated in the planning of dental inspections and treatment throughout the year; the consultant anaesthetists and medical officers for their advice and expert help at many of our clinics, and the County Architect's department for advice in planning, siting and the maintenance of our clinics both fixed and mobile.

Dental inspections and treatment

Attendances and treatment.

	5–9 *years*	10–14 *years*	15 *years & over*	*Total*
First visit	7,232	5,627	1,308	14,167
Subsequent visits	9,469	9,345	2,408	21,222
Total visits	16,701	14,972	3,716	35,389
Additional courses of treatment commenced	1,064	797	190	2,051
Fillings in permanent teeth	6,374	12,786	3,985	23,145
Filling in deciduous teeth	10,823	920	—	11,743
Permanent teeth filled	4,940	10,693	3,574	19,207
Deciduous teeth filled	9,486	716	—	10,202
Permanent teeth extracted	306	1,415	294	2,015
Deciduous teeth extracted	5,001	1,426	—	6,427
General anaesthetics	1,185	483	34	1.702
Emergencies	549	248	72	869

Other work

Number of pupils X-rayed	1,084
Prophylaxis	5,331
Teeth otherwise conserved	2,720
Number of teeth root filled	57
Inlays	7
Crowns	60
Courses of treatment completed	13,855

Orthodontics

Number of attendances	3,663
Cases commenced during the year	639
Cases brought forward from the previous year	1,788
Cases completed during the year	321
Cases discontinued during the year	38
Number of pupils treated by means of appliances	377
Number of removable appliances fitted	636
Cases referred to and treated by hospital orthondontists (these figures include all orthodontic treatment carried out by the orthodontist and dental officers)	63

Prosthetics

	5–9 *years*	10–14 *years*	15 *years & over*	*Total*
Pupils supplied with full upper or full lower (first time)	1	—	1	2
Pupils supplied with other dentures (first time)	2	26	16	44
Number of dentures supplied	3	26	18	47

Anaesthetics

All general anaesthetics were administered by consultant anaesthetists.

Inspections

First inspection at school—number of pupils	69,838
First inspection at clinic—number of pupils	2,432
Number found to require treatment	29,467
Number offered treatment	22,316
Pupils re-inspected at school or clinic	1,668
Number found to require treatment	1,211

Sessions

Devoted to treatment	6,383
Devoted to inspection	654
Devoted to dental health education	328

NUTRITION

1. School meals

The County School Meals Organiser submitted the following report:

CENSUS FOR AUTUMN TERM 1969

		For a day in September 1969	*For a day in September* 1968
(a)	*Meals*		
	Pupils present	92,729	88,847
	Taking school dinners	70,938	67,895
		(76.5%)	(76.4%)
	Meals provided free	3,087	5,501
		(4.4%)	(8.1%)
(b)	*Milk*		
	(i) *Maintained schools*		
	Pupils present	57,451*	54,810*
	Drinking free milk	51,620*	49,503*
		(89.9%)	(90.2%)
	(ii) *Independent schools*		
	Pupils present	4,646*	6,375
	Drinking free milk	4,182*	4,193*
		(90.0%)	(65.8%)

*under 11 years of age only as from 1.9.68

Fourth and subsequent children were entitled to free meals for the period from the beginning of the Summer Term 1968 to the end of the Spring Term 1969 inclusive.

With the exception of Moulsoe County Primary School all maintained schools in Buckinghamshire have a regular schools meals service. There has never been any demand for school meals at Moulsoe. In some secondary schools cafeteria service has replaced the family service and in some the opportunity has been taken to provide a choice of meals.

A County School Meals Catering Training Officer has been appointed and it is hoped to establish school meals training kitchens in the areas.

SCHOOL HYGIENE AND SANITATION

1. General

The following schools had improvements to washing and sanitary accommodation carried out in 1969:

Buckingham and Winslow Division

Nil.

North Bucks Division

Leon County Infants School, Bletchley	Installation of urinal slab and automatic flushing apparatus.

Aylesbury Division

Nil.

Amersham and Chesham Division

Gravel Hill County Infants School, Nursery Annexe, Chalfont St. Peter	Installation and alteration of new toilets for nursery.
Jordans County Primary School, Beaconsfield	Renew section of water supply.
Chalfont St. Peter C. of E. School	Improvements to boys' toilets.
Brudenell County Secondary School for Girls, Amersham	Renew section of water supply.
Waterside County Infants School, Chesham	Installation of extra toilet accommodation, 2 extra W.C.'s, 1 extra drinking fountain.
Shortenills Special Studies Centre, Chalfont St. Giles	Installation of 2 shower cubicles to staff toilets.
Woodside County Junior School, Partially Hearing Unit, Amersham	Installation of sink and hot and cold water supply.

High Wycombe Division

High Wycombe College of Technology and Art, Easton Street Annexe	Installation of 3 additional toilets for female students, hot and cold water and washbasins in 2 staff toilets, additional washbasins in female student toilets.
Hatters Lane County Secondary School for Girls, High Wycombe	Installation of 3 additional drinking fountains.
Cressex County Secondary School, High Wycombe	Installation of 1 additional drinking fountain, additional toilet block.

Priory Road County Primary School, High Wycombe	Alterations and improvements to infants toilets.
Tylers Green County Infants School, High Wycombe	Modernisation and installation of 2 internal toilets.
Princes Risborough County Primary School	Renew W.C. pans and construct roof over external toilets.
Bledlow Parochial School	New roof to girls' and staff toilets.
Stokenchurch County Primary School	Installation of fibreglass urinal.
The Meadows County Primary School, Wooburn Green	Installation of washing facilities to external toilets.
Hedsor C. of E. Primary School, Bourne End	Floor covering to concrete toilet floors.
Green Street County Primary School, High Wycombe	Covered way to external toilets and provision of hot water, etc.

Slough Division

Slough Grammar School	Improved drainage to boys' shower room.

Eton Division

Eton Wick C. of E. Primary School	Installation of larger sinks in classrooms.

School swimming pools

Over 80 school swimming pools were in use during the year, and the steady increase in the number during the past few years testifies to their value and popularity.

The pool hygiene is controlled by a code of practice issued by the Department, and this includes regular checks three times a day to ensure that a correct chlorine residue is present in the water.

Routine visits are made to the pools either by the County Health Inspector or district public health inspectors and, in addition to that test, some 240 samples of pool water were taken for bacteriological examination at Public Health Laboratories.

THE FOOD HYGIENE (GENERAL) REGULATIONS, 1960 and 1962

The following schools had improvements carried out to canteens and wash-ups during 1969:

Buckingham and Winslow Division

Royal Latin School, Buckingham	Installation of stainless steel sink unit and electric sterilizer.
London Road Canteen, Buckingham	Installation of stainless steel sink unit and gas sterilizer.

North Bucks Division

Olney County Primary School	Reorganisation of canteen wash-up. Installation of stainless steel sink units.

Aylesbury Division

Broughton County Junior School	Installation of stainless steel sink units.
Oak Green County Junior School	Installation of stainless steel sink units.
Halton County Primary School	Installation of stainless steel sink units.

Amersham and Chesham Division

The Raans County Secondary School for Boys, Amersham	Repairs to waste gullies etc. Installation of stainless steel sink units.
Dr. Challoner's High School for Girls, Amersham	Installation of additional fresh water taps.
Chalfont St. Peter C. of E.	Renewal of section of water supply.
Dr. Challoner's Grammar School for Boys, Amersham	Installation of stainless steel drinking fountain, school kitchen.
The Lowndes County Secondary School, Chesham	Installation of stainless steel sink units.
Thomas Harding County Junior School, Chesham	Installation of stainless steel sink units.
Great Missenden C. of E. Primary School	Installation of stainless steel sink units.
Chesham Technical High School, Chesham	Renewal of cold water storage tank.
The Misbourne County Secondary School, Great Missenden	Minor improvements in kitchen.
Holmer Green County Junior School	Improvements to drainage system.

High Wycombe Division

Micklefield County Primary School, High Wycombe	Installation of wash basin with hot and cold water in kitchen.

Slough Division

Knotty Green School for Girls, Beaconsfield	Installation of stainless steel sink units.
Slough and Eton C. of E. Primary School, Slough	Installation of 2 hot cupboards.

Eton Division

Nil.

MEDICAL INSPECTION AND TREATMENT

TABLE I

PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at part II	Total Individual pupils
		No	No				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	448	448	—	—	—	16	14
1964	6,277	6,265	12	—	105	396	430
1963	4,408	4,402	6	—	84	432	444
1962	827	825	2	—	39	142	162
1961	392	392	—	—	34	103	114
1960	275	275	—	—	17	60	70
1959	1,896	1,892	4	499	114	151	218
1958	3,553	3,548	5	481	138	246	338
1957	620	620	—	31	44	74	95
1956	161	160	1	—	14	20	23
1955	1,281	1,279	2	235	84	97	123
1954 & earlier	4,859	4,858	1	501	240	190	342
TOTAL	24,997	24,964	33	1,747	913	1,927	2,373

TABLE II

OTHER INSPECTIONS

Number of Special Inspections	3,613
Number of Re-inspections	5,404
TOTAL ..	9,017

TABLE III

INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	69,770
Total number of individual pupils found to be infested	234
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	14

TABLE IV

EYE DISEASES, DEFECTIVE VISION AND SQUINT

External and other, excluding errors of refraction and squint	292
Errors of refraction (including squint)	2,893
TOTAL ..	3,185
Number of pupils for whom spectacles were prescribed	927

TABLE V

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received operative treatment—	
(a) for diseases of the ear	167
(b) for adenoids and chronic tonsilitis	1,320
(c) for other nose and throat conditions	447
Received other forms of treatment	63
TOTAL	1,997

Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) during 1967	89
(b) in previous years	132

TABLE VI

ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Pupils treated at clinics or out-patients departments	80
(b) Pupils treated at school for postural defects	477
TOTAL	557

TABLE VII

DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table III)

Ringworm—(a) Scalp	3
(b) Body	22
Scabies	24
Impetigo	16
Other skin diseases	12
TOTAL	77

TABLE VIII

CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance clinics	886

TABLE IX

SPEECH THERAPY

Pupils treated by speech therapists	1,095

TABLE X

OTHER TREATMENT GIVEN

(a) Pupils with minor ailments	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. vaccination	5,913
(d) Other than (a), (b) and (c) above.	
Verrucae and other Foot Ailments	2,158
Diabetic holiday camps	5
Enuresis	20
Epeleptic holiday camps	4
TOTAL	8,101

TABLE XI

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

(1968 figures in parentheses)

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			Entrants	Leavers	Others	Total	
4	Skin	T	35 (24)	48 (31)	34 (26)	117 (81)	7 (21)
		O	71 (76)	20 (18)	45 (38)	136 (132)	82 (71)
5	Eyes—a. Vision	T	209 (143)	312 (229)	365 (209)	886 (581)	98 (204)
		O	379 (284)	122 (122)	309 (226)	810 (632)	233 (213)
	b. Squint	T	84 (63)	10 (8)	16 (16)	110 (87)	17 (19)
		O	57 (77)	1 (3)	9 (18)	67 (98)	43 (46)
	c. Other	T	10 (3)	6 (18)	11 (5)	27 (26)	4 (4)
		O	2 (9)	3 (9)	2 (6)	7 (24)	9 (7)
6	Ears—a. Hearing	T	162 (153)	62 (55)	85 (85)	309 (293)	60 (254)
		O	748 (521)	91 (67)	250 (197)	1,089 (785)	599 (721)
	b. Otitis Media.. ..	T	26 (21)	11 (2)	4 (12)	41 (35)	6 (33)
		O	67 (87)	2 (3)	12 (18)	81 (108)	67 (66)
	c. Other	T	16 (8)	5 (4)	5 (11)	26 (23)	8 (14)
		O	47 (20)	3 (3)	12 (33)	62 (56)	35 (30)
7	Nose and Throat	T	108 (61)	18 (26)	44 (40)	170 (127)	54 (43)
		O	355 (319)	10 (21)	69 (53)	434 (393)	261 (272)
8	Speech	T	163 (115)	7 (6)	37 (35)	207 (156)	76 (114)
		O	156 (176)	4 (4)	20 (30)	180 (210)	123 (146)
9	Lymphatic Glands	T	3 (3)	— (—)	— (3)	3 (6)	1 (2)
		O	46 (62)	— (1)	14 (8)	60 (71)	40 (36)
10	Heart	T	16 (15)	7 (3)	19 (14)	42 (32)	3 (11)
		O	86 (99)	18 (9)	35 (15)	139 (123)	73 (60)
11	Lungs	T	29 (15)	17 (3)	24 (15)	70 (33)	8 (22)
		O	119 (103)	21 (14)	64 (63)	204 (180)	184 (161)
12	Developmental—a. Hernia ..	T	16 (9)	1 (5)	9 (6)	32 (20)	4 (6)
		O	32 (14)	2 (1)	11 (7)	45 (22)	8 (26)
	b. Other ..	T	87 (23)	5 (28)	69 (42)	225 (93)	28 (38)
		O	201 (158)	11 (24)	71 (63)	283 (245)	171 (99)
13	Orthopaedic—a. Posture ..	T	15 (12)	9 (12)	12 (13)	27 (37)	2 (20)
		O	56 (41)	17 (13)	34 (20)	107 (74)	31 (35)
	b. Feet ..	T	56 (56)	27 (26)	47 (50)	115 (132)	19 (63)
		O	142 (99)	14 (29)	67 (36)	223 (164)	149 (146)
	c. Other ..	T	24 (30)	20 (15)	17 (17)	71 (62)	4 (17)
		O	64 (81)	18 (18)	28 (25)	110 (124)	66 (60)
14	Nervous System—a. Epilepsy ..	T	9 (—)	4 (—)	10 (—)	33 (—)	3 (9)
		O	41 (20)	7 (5)	19 (7)	67 (32)	36 (39)
	b. Other ..	T	25 (10)	5 (7)	36 (7)	74 (24)	18 (13)
		O	142 (53)	13 (10)	49 (29)	204 (92)	73 (32)
15	Psychological—a. Development	T	43 (22)	6 (3)	70 (51)	139 (76)	50 (83)
		O	208 (223)	22 (20)	125 (86)	355 (329)	385 (269)
	b. Stability ..	T	30 (9)	14 (15)	43 (21)	101 (45)	31 (63)
		O	181 (124)	21 (30)	125 (100)	327 (254)	350 (310)
16	Abdomen	T	11 (—)	2 (2)	2 (1)	21 (3)	3 (2)
		O	18 (19)	6 (4)	35 (12)	59 (35)	37 (43)
17	Other	T	20 (9)	9 (10)	24 (21)	94 (40)	12 (33)
		O	78 (84)	50 (60)	78 (104)	207 (248)	261 (291)

(T)=The number of pupils found to require treatment. (O)=The number of pupils found to require observation.

TABLE XII

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944 OR BOARDING IN BOARDING HOMES

As at 22nd January, 1970	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Hearing (4)	Physically Handicapped (5)	Delicate (6)	Maladjusted (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	TOTAL (11)
No. awaiting placement	1	2	3	1	6	5	30	250	1	2	301
No. attending special Schools etc. Day	1	7	6	31	31	5	39	711	—	—	831
No. attending special Schools etc. Boarding	9	2	17	16	37	24	94	279	11	1	490
No. being educated in Hospitals	—	—	—	—	—	—	—	—	—	—	—
No. being educated at home	—	—	—	—	19	5	7	2	—	—	33
Total	11	11	26	48	93	39	170	1,242	12	3	1,655
No. newly assessed during 1969	—	3	2	2	3	5	47	252	2	—	316

TABLE XIII

SCHOOL CLINICS

as at December, 1969

	Sessions
Child Guidance :	
Walton House, Walton Street, Aylesbury	4 sessions per week
88 Roberts Road, High Wycombe	9 ,, ,, ,,
The Health Centre, Burlington Road. Slough	11 ,, ,, ,,
Whalley Drive, Bletchley	6 ,, ,, ,,
The School Clinic, Germain Street, Chesham	4 ,, ,, ,,
Dental :	
Quarrendon	8 sessions per week
Pebble Lane, Aylesbury	10 ,, ,, ,,
Whalley Drive, Bletchley	12 ,, ,, ,,
Flat 1, Verney Close, Buckingham	2 ,, ,, ,,
The School Clinic, Germain Street, Chesham	8 ,, ,, ,
51 Priory Road, High Wycombe	24 ,, ,, ,,
The Health Centre, Victoria Road, Marlow	5 ,, ,, ,,
The Health Centre, Burlington Road, Slough	17 ,, ,, ,,
Wexham Court, Knolton Way, Slough	2 ,, ,, ,,
The School Clinic, 122 Church Street, Wolverton	2 ,, ,, ,,
Ambulance Centre, Chiltern Avenue, Amersham	6 ,, ,, ,,
Health Centre, Parlaunt Park, Langley, Slough	6 ,, ,, ,,
1 Wentworth Avenue, Britwell Estate, Slough	5 ,, , ,
Ophthalmic :	
The Health Centre, Burlington Road, Slough	2 ,, ,, ,,
Speech Therapy :	
	sessions per week
Quarrendon Clinic, Lay Road, Aylesbury	5 ,, ,, ,,
Walton House, Walton Street, Aylesbury	2 ,, ,, ,,
The School Clinic, Germain Street, Chesham	2 ,, ,, ,,
The Health Centre, Oxford Road, Denham	1 ,, ,, ,,
The Health Centre, Burlington Road, Slough	8 ,, ,, ,,
Health Centre, Britwell Estate, Slough	1 ,, ,, ,,
Health Centre, Parlaunt Park, Langley, Slough	3 ,, ,, ,,
Health Centre, Victoria Road, Marlow	1 ,, ,, ,,
Health Centre, Wexham Court Estate	2 ,, ,, ,,
51 Priory Road, High Wycombe	6 ,, ,, ,,
Vaccination and Immunisation :	
Municipal Health Centre, High Wycombe	1 session per week

APPENDIX A

HEALTH SERVICE PLANNING IN NEW TOWNS*

Emerging Patterns and Recurring Problems

By DULCIE G. GOODING, M.B., B.S., D.P.H.

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The first generation of new towns, with the exception of Harlow, was notable for the failure of health service planning. This is not a criticism, as it is simply a reflection of the fact that the time was not then ripe for such developments. However, the climate of co-operation between the three branches of the National Health Service, which has been such a notable feature of recent years, has made the outlook for the current generation of new towns much more hopeful.

This present generation presents differing patterns of development. Some new towns, as was the case with the first generation, are designed for ultimate populations of fewer than 100,000; Milton Keynes, on the other hand, will provide homes for a quarter of a million people; and the projected central Lancashire new town may well be substantially bigger than Milton Keynes. A further interesting development has been the major expansion of existing towns through the medium of a Development Corporation, as is at present happening in the case of Northampton. The basis on which the health services for these communities have to be built vary between the picture in Northampton, where the current population represents approximately half the ultimate figure, and Milton Keynes, where the corresponding proportion amounts to only one-sixth. Using the same two towns to exemplify a further difference, Northampton already has a well-established district general hospital, together with a full range of urban health service facilities (Planning and Working Together, 1969); whereas, in the case of Milton Keynes, the existing services are restricted to those appropriate to a diffuse and largely rural area with a population of only about 45,000.

Planning the services

Each of the latest generation of new towns has had to start its health service planning from scratch. Unfortunately, there is no single authority charged with the specific duty of initiating joint planning, and it is not difficult to imagine how the process might well go by default. Thus the local health authority might interpret its duties narrowly and think of the new town as calling for little more than some extra staff and a small number of traditional clinic or other buildings. The Regional Hospital Board, whilst interested in the long-term prospect of the town, especially if the question of a district general hospital is going to arise, might not feel deeply involved at the outset of the town's planning process. The Local Executive Council, although indirectly involved as soon as the population of the town begins to grow, is, from its very nature, neither used to nor equipped for a positive planning role. The Development Corporation, although obviously interested in all matters likely to affect the incoming population, has no direct health service responsibilities. There is also the danger, in a tripartite

*Based on a paper read at a conference on health services in new towns held at the Department of Health and Social Security on 16th December, 1969.

National Health Service, that, even if the initiative is seized by one branch, this may be regarded as a threat and thus prove unacceptable to one or both of the other branches.

These appear to have been amongst the reasons which led to the failure of health service planning in the first generation of new towns, but they are nowadays being overcome, probably for two main reasons. The first is the increasing co-operation within the National Health Service, to which reference has already been made, and the second is the changed attitude of Development Corporations, which appeared formerly to concern themselves primarily with physical planning but are now becoming increasingly involved in the social planning which should underlie it. At all events, in the present generation of new towns the initiative for joint health service planning has always been forthcoming from one or other of the agencies which have been described.

A structure for planning

Various *ad hoc* structures have grown up in different new towns for the purpose of planning their health services, and reference will now be made to the system which has been evolved at Milton Keynes. Here, the initiative for planning arose from officers of Bucks County Council and of the Oxford Regional Hospital Board, and from this there grew up a medical planning group involving all three branches of the National Health Service, together with a representative from the field of occupational health. This group produced a report (A Health Service for Milton Keynes, 1968) and aspects of their work have been described in the *British Medical Journal* (1969). The report was accepted in principle by the three statutory branches of the National Health Service early in 1969 and thereafter the planning structure was enlarged and altered to the type of organisation shown in the diagram.

The central feature of this structure is a Joint Working Party representative of the many professions and services involved in a health service. This receives reports from parallel working parties dealing with the development of buildings and with administration and finance respectively. The development of buildings working party is involved in collecting and co-ordinating the views of professional groups on the operational policies for health and welfare service premises, and with interpreting these in both planning and architectural terms. Such buildings include hospital, health centre and welfare accommodation of all kinds, each type being the responsibility of a project team. The functions of the working party on administration and finance cover the wide field implicit in its title, one of its first and most difficult tasks being a study of the possible terms and conditions of employment for all types of staff working in an integrated health service.

The Joint Working Party has also set up a series of working groups, some concerned with particular professions and others with services, and these have been given a free hand in preparing suggested schemes for providing the best possible health service for the future citizens of Milton Keynes. The Joint Working Party is, in turn, responsible to the Health Services Liaison Committee, the chairman of which is the Chairman of Milton Keynes Development Corporation. The membership of the Liaison Committee includes representatives of all three branches of the National Health Service, together with others from the Development Corporation and their consultant planners, as well as an observer from the Department of Health and Social Security. The terms of reference of the Health Services Liaison Committee are as follows:

(i) To advise its constituent bodies on the co-ordination of all health and other services for which they are responsible, and on related matters concerning Milton Keynes.

(ii) To undertake, on behalf of the constituent bodies, such tasks as they might from time to time suggest.

The secretary of the Health Services Liaison Committee and the Joint Working Party is a doctor (D. G. G.) who, although a member of the public health service, also holds honorary appointments

with the Oxford Regional Hospital Board and an academic institution, as well as being a co-opted member of the Local Executive Council's sub-committee on health centres. The hospital link is of particular significance as it gives her full knowledge of the Regional Hospital Board's policies as well as access to its administrative machinery, and these have proved invaluable in ensuring continuing co-ordination in the planning of the new town's health services. The existence of the appointment also provides a focal point for enquiries of all kinds relevant to health service planning, and the occupant of the post is in a position which enables her, through teamwork, to collect and correlate relevant information, on the basis of which advice on policy and other matters can be offered to the Joint Working Party and thence, through the Health Services Liaison Committee, to the three statutory National Health Service bodies and to the Development Corporation.

There are, of course, many possible approaches to an *ad hoc* planning structure, and any such structure is bound to have one inherent weakness, namely, that its decisions cannot be binding on its consituent statutory authorities. On the the other hand, such a structure has the advantage of enabling certain members of these statutory National Health Service bodies to obtain a broad picture of the health services and how they are organised, as the absence of this has been an unfortunate feature of the present National Health Service administration (Reid 1968).

It should perhaps be added that as far as Milton Keynes is concerned, the *ad hoc* structure has worked satisfactorily and agreement has, so far, invariably been achieved after full discussion of each subject.

The planning process

It is important to resist an early desire to draw squares on the map of a new town, labelling some as health centres, and one or more as hospital sites. Instead, planning must begin by discussing the philosophy of the proposed health service rather than its physical embodiment, and it is essential to create and to retain clear objectives as the basis both for manipulating the existing situation and for the on-going process of planning.

It is likewise essential to consider the relationship between health service planning on the one hand and all other aspects of planning for the community on the other. Such matters as the phasing of population growth and the development of road networks are examples, as is the vital question of the planning and financing of public transport services, with the effect these will have on the viability of the proposed pattern of health service facilities. Other examples of factors which must be taken into account in planning include the necessity to reconcile the competing demands of all services for non-professional staff; and the likely public expectation of equally good and available educational, social, recreational, and shopping as well as health service facilities. As has been described elsewhere (*British Medical Journal* 1969) the consultant planners for Milton Keynes began their work by conducting a series of seminars and group discussions to enable those from different services to appreciate each others' points of view, and this collaborative approach has been maintained throughout the planning process. A flexible approach to health service policies without irrevocable commitment at the present stage to some rigid pattern for trying to meet the undefinable needs of twenty years hence will be assisted by the consultant planners' desire to achieve flexibility throughout their proposals for the city.

The health services in new towns must get off to a proper start, as otherwise it might take many years to readjust them, or even prove impossible to do so. In addition, there is constant danger of missing opportunities in new towns because of the human tendency to prefer the *status quo* to the unknown. This, in turn, relates to the problem of sterotypes arising from the present National Health Service organisation and typified by such words as "hospital," "general practitioner," and "public health," which usually conjure up fixed images stemming from the past. In the planning process it is important to cast such sterotypes aside and to re-think what is really needed in providing health

services for a new community, the build-up of which may not be complete until the end of the twentieth century. One basic point which must be argued out is the likely future balance of medical care between the hospital and community or, to put it another way, between those services which are supplied centrally and those which are peripherally available, these being the geographical terms used in Milton Keynes planning in order to get away from the emotive sterotypes of "hospital" and "community."

Such questions can be resolved only after very wide consultations and, in the case of Milton Keynes, these have included weekend conferences, interdisciplinary study days, seminars and the extensive use of working groups, to which reference has already been made. These groups were supplied with copies of "A Health Service for Milton Keynes" and were given a free rein to consider how best their services could be developed in keeping with the general philosophy of the document. It was felt that loose terms of reference would help to avoid pre-determined conclusions, and the working groups were also told to ignore present administrative structures, the current legal framework, and all financial restrictions. These will, of course, have to be taken into account at a later stage, but it was considered that, particularly as so much is likely to change nationally during the next few years, it would be unduly restricting to confine the thoughts of the study groups within the existing pattern of services.

These various exercises have already involved some hundreds of doctors, nurses, administrators, social workers, and others drawn from the Milton Keynes area and from elsewhere. There still remains, however, the difficulty stemming from the fact that the services are being planned by those who are there for those patients and staff who will not appear until the new town starts to grow, by which time various planning decisions about health services must have been taken. It is particularly important that the service which evolves should prove acceptable to the incoming population, attractive to potential members of the health service staff and flexible in its application because, should these conditions not be met, the scheme will assuredly fail.

These are difficult objectives to achieve, as the public, in general, appears to be satisfied with the present arrangements for providing medical services in this country, presumably because they cannot picture any alternative. It would also be helpful if more were known about the desires of medical students and young practitioners, amongst whom there still often appears to exist very little understanding about the functioning of the National Health Service.

Wider aspects

No matter what innovations may be involved, the planning of health services for new towns cannot be carried out in isolation from national trends and developments. For that reason it will frequently be found that discussion drifts away from planning matters which relate solely to the new town into a consideration of the whole future of the present National Health Service structure. It is generally acknowledged that the 1946 Act, although a great step forward, has proved inflexible, and it is to be hoped that any new legislation will leave more latitude for developments such as those concerned with health services in new towns. Should the new Act, for any unforeseen reason, stop short of full administrative unification of the National Health Service, it is essential that it should at least contain some clause permitting diversity of approach in new town situations.

In the meantime, both at Milton Keynes and elsewhere, planning of health services is proceeding, but there are two closely-related and unnecessary complications. In the first place, it seems likely that duplication of effort is taking place between different planning teams towards the solution of the same problem, and it is also probable that some are wasting their efforts in tackling issues which have already been largely resolved by others. There are many subjects which call for continuing discussion on a national basis between those concerned in new town planning. These involve the identification of problems common to most or to all new towns, together with a comparison of possible solutions, and the following are examples:

The relationship of health service planning to other aspects of planning, including education, social work services, physical planning, and the crucial question of communications and transport.

The co-ordination of operational research. In this connection it is interesting to note that all new towns in this country are at some distance from universities with medical faculties and, whilst there is no dearth of experts willing to critiicse past efforts at health service planning, comparatively few of these critics are at present actively participating in planning the health services for new towns.

The recording and evaluation procedures used in new towns in the fields of base-line measurements, planning and assessing the results of the implementation of policies.

Patterns of staffing, including medical, nursing, administrative and other personnel, together with methods of remuneration in a co-ordinated health service.

The relationship of occupational health services to those supplied within the National Health Service. It would appear anachronistic not to incorporate the former into the latter in a new town situation, but it is difficult to see how the occupational health component can be funded in the early days of its growth.

Arrangements for the compilation of a bibliography on health service planning for new towns, together with a system for exchanging planning documents and relevant information about specific subjects.

A possible approach to such suggested topics might lie in the establishment, on a national basis, of working parties drawn from several new towns in order to study specific subjects. These could pave the way for occasional meetings, similar to the one for which this paper was prepared, between a broad range of representatives of those involved in planning the health services for such towns.

Conclusion

This paper has tried to describe some aspects of the patterns which are emerging in the planning of health services for new towns, and it has been suggested that there are certain recurring problems which require to be solved. Those who have interests in new towns have wide scope for exploring fresh approaches to the provision of health services, but it is clear that most are doing so on a shoestring and with no more than minimal access to the expertise which the importance of the task demands. If the goal of providing health services worthy of the present generation of new towns is to be achieved, there is urgent need for an ongoing process of discussion and exchange of information between the many people currently involved in the process of planning these services.

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Social work	Care of the physically handicapped and rehabilitation
	Medical recording
	Occupational health
	Enviromental health

APPENDIX B

Review of Services

SPEECH THERAPY

Historical

Speech disorders have been known since the earliest days and are mentioned in the Bible. From classical times to the nineteenth century the disturbances, mostly regarded as "stammering," were usually thought to be due to tongue inadequacy, although one Arabian physician in the middle ages did recognise connections between speech and the nervous system, and in the Renaissance period, psychological and emotional factors were suggested as possible causes of speech disorder.

During the present century most countries in Europe have developed a speech therapy service, often initiated by the teaching profession. In Britain, however, it was the medical profession who cultivated an interest in speech disorders at the end of the nineteenth century. To help their patients they enlisted the co-operation of teachers of singing and elocution.

The early development of the service in this country also included the establishment of a number of special clinics and appointments associated with hospitals; for example in Manchester in 1906 a clinic for stammer; at St. Bartholomew's Hospital, London, in 1911 the appointment of an "instructor in voice production"; and at St. Thomas's Hospital, London, in 1913, a special clinic for speech disorders.

The "shell shock" cases arising from the 1914-18 war did much to make people aware of communication disorders and several hospitals created speech therapy posts which were filled by "instructors in vocal therapy" and "speech correctionists." In 1918, London County Council opened four speech clinics for child stammers and other local authorities soon followed suit.

It was not until 1934 that the British Society of Speech Therapists (B.S.S.T.) was established, and at about the same time another group was formed from the remedial section of the speech and drama teachers. The latter became the Association of Speech Therapists (A.S.T.), and in 1943 the two groups (B.S.S.T. and A.S.T.) amalgamated to form the College of Speech Therapists. In the following year the College became a professional body, and its first task was to produce a unified training scheme, resulting in the first qualifying examinations for the licentiate of the college in 1947. Although 2,200 speech therapists have qualified since 1947, less than half are still practising, and most of these are working part-time in schools or hospitals. This represents the equivalent of about 700 full-time speech therapists in Great Britain.

In Buckinghamshire, the first speech therapist was appointed in 1949 and clinics were held at Chesham, Aylesbury, Bletchley, High Wycombe and Slough. In 1950, a second speech therapist was appointed, extending the work to schools, especially in the rural areas. Since then, the establishment has been gradually increased until it now comprises 10 therapists, including the county senior speech therapist.

The changing role of speech therapy

Since 1947, advances in medicine have entirely changed the need for speech therapy. In particular, there are far fewer children whose ill-health interferes with speech development. For example, a number of the diseases known to cause deafness are less prevalent, so fewer children are born deaf or become deaf in early childhood; and most of the adults who develop auditory loss are now able to

obtain hearing aids before they have forgotten the sound of their own voices. In another field, surgery for children born with cleft palate has advanced considerably, and the role of speech therapists in such cases is now mainly one of assessment. In addition, although there is no statistical evidence, there appear to be fewer adults and children with severe stammers.

During the same period, however, infant mortality has decreased and with improved child health services of all types, more mentally and physically handicapped children are surviving to reach school age. A number of these children have retarded speech development and require specialised assistance from speech therapists. There has also been an increase in the number of children and young adults who sustain severe injuries following accidents on the road and who subsequently require speech therapy.

In addition, over the past 50 years what may be described as a speech revolution has taken place. Before the 1914-18 war a large number of people were employed in labouring and semi-skilled jobs, or as craftsmen, where it was unnecessary to acquire more than the rudiments of reading and writing. Since then, advances in science and technology and the increase in knowledge in all fields has resulted in the language skills of many people becoming inadequate. Children must now acquire a greater skill in the use of language if they are to be able to communicate sufficiently to enable them to learn the subjects necessary for their future employment, to profit fully from the increasing leisure they expect to enjoy in the future, and to adapt to rapidly changing social conditions.

In keeping with this changing pattern the aims of speech therapy have become better known and the service has grown to include assessment, diagnosis and treatment which take place in conjunction with colleagues in related professions such as medicine, psychology and teaching. The result is that speech therapists now treat a wide range of children and adults who, because of a lack, loss or disturbance of language, voice, articulation or fluency, experience difficulty in communicating with other people in their environment. They are not concerned with teaching foreign languages or training normal speakers to use their speech in a particular way for a special purpose (i.e. elocution).

Present position

1. Staffing

There are at present 14 therapists employed by the local authority on a whole or part-time basis, representing the equivalent of 9.8 whole-time appointments out of a current establishment of 10 posts. In general, the therapists are employed to work in a particular health area and carry out their duties in various schools and clinics in that area.

In addition to the local authority service, several hospital-based speech therapists work in Buckinghamshire. All the hospital therapists treat adults and children who may be referred to them through general practitioners and consultants for the specific purpose of obtaining speech therapy. This may lead to some duplication, as children attending schools where there is a visiting local authority speech therapist may be receiving speech therapy at one of the hospitals in Buckinghamshire or possibly in London. A head teacher may be unaware of this and may refer such a child to the visiting speech therapist.

2. Accommodation

Speech therapists carry out their clinical duties in schools and health authority clinics in the areas in which they are employed.

(a) *Clinics*

There are at present 11 centres in the county where speech therapists hold clinics on a regular weekly basis so that parents and teachers know where to contact them and continuity of treatment is

assured. Pre-school children can also be seen and, in those clinics which provide satisfactory facilities for assessment and treatment, efficient use is made of the speech therapists' time. The main problem, particularly in the rural areas, is the limited amount of public transport, which makes it difficult for parents to bring a child to attend the clinic regularly over a period of months.

(b) *Schools*

In order to overcome the transport difficulties, speech therapists also assess and treat children at schools. Some of the children need treatment over a prolonged period, which means that a therapist may have to visit a particular school regularly for many months to see relatively few children. This frequently leads to the speech therapist attempting to treat children in four or five schools a day, and in many schools the accommodation available is quite unsuitable for therapy. The result is that any treatment attempted is prolonged and sometimes ineffectual. The therapists feel overworked and frustrated at being unable to achieve good results and there is a loss of regard by teachers and parents for their work; thus a vicious circle is set up based upon unsatisfactory conditions of work.

(c) *Mobile unit*

A surplus civil defence vehicle which was acquired and converted to form a mobile speech therapy clinic has been in use in this new role since May 1969. Initially the unit was used in the rural parts of the Aylesbury area by a therapist who had no clinics and poor working conditions in schools. It proved very useful and was favourably received by head teachers. More recently the mobile clinic has been used in connection with a speech therapy survey in 21 schools in High Wycombe. This is helping to assess the units' value in a totally different situation, but it is already clear that it can assist greatly in overcoming the difficult problem of making suitable rooms available in schools and that it is particularly useful both for surveys and for reviewing cases.

(d) *Office accommodation*

In addition to facilities for carrying out their clinical duties, therapists also require suitable offices where they can organise clerical work and arrange meetings with other staff who may be concerned with their cases. Ideally a room should be available at each area health office for this purpose, but at present this is possible only in Bletchley. In Slough the speech therapists all work from the area health office and call in frequently, but at present they have no room they can use as an office and meeting place. The position is also unsatisfactory in Aylesbury and High Wycombe though some improvement is likely when these area offices move to new premises towards the end of the year.

3. Referrals

Children are referred to local authority speech therapists by school medical officers and head teachers. In addition, a few children are referred by general practitioners if there is a speech clinic in the area. In those cases where there is a clinic near a child's home or transport is available, a pre-school child can be treated, but in other areas where most of the treatment is carried out in schools, few pre school children are referred and this means that a number of children with speech disorders reach school age without the child or his parents receiving any assistance from a speech therapist.

The numbers requiring speech therapy vary according to the school population, but other factors are also involved. Thus, where there has been a spasmodic or inadequate speech therapy service in the past, the number requiring treatment is higher than in areas of the county where the speech therapy service has been continuous. It is also noticeable that where the speech therapist is able to work in close co-operation with the parents and teachers the children receive the maximum benefit and where it has been possible to treat pre-school children, the number of school children in the area with severe speech defects falls significantly.

During 1968 approximately 1,000 children in the county received speech therapy and in 1967, when the staffing situation was slightly better, 1,100 children were treated. These figures do not, however, give an accurate picture of the need because school medical officers and teachers recognise that only a limited speech therapy service is available and therefore do not refer all the cases who would benefit from treatment. Recent surveys carried out in High Wycombe and in the Chalfont St. Peter area have shown that, for each child receiving treatment, there are at least two further children with speech defects who should receive treatment but who cannot be given it without considerable delay because of the limited number of therapists available. Investigations in other parts of the country have suggested that over 5% of school children have speech defects which require therapy; if this figure were applicable to Buckinghamshire only one child in five requiring treatment would at present be receiving it.

4. Handicapped children

Physically handicapped children in ordinary schools, and educationally subnormal or more severely mentally handicapped children attending special schools in the county often have a particular need for speech therapy and provide a special challenge for the therapist. The educationally subnormal child attending a special school very often requires regular speech therapy over a long period in order to achieve a satisfactory result. The head teachers of the special schools have been particularly helpful in providing good accommodation for visiting speech therapists and their conviction of the need for them to visit frequently to treat the same children is a measure of the value which teachers place on the work of speech therapists.

Children attending the training schools for the mentally subnormal in the county have not been treated regularly by speech therapists except in a few isolated cases. The needs of these children are difficult to assess because their ability varies considerably. There are a number, however, in particular of the multi-handicapped children who might benefit considerably, although to assess their individual needs would require prolonged and continuous observation and testing. At present, probably the best way of assisting these children is to work in close collaboration with the teachers and suggest ways of orientating the school programme towards the acquisition of meaningful language as far as the mental capacity of the children will allow. Towards this end, talks by a speech therapist have been given to parents and teachers of mentally handicapped children during 1969, and it is proposed to extend this approach to the problem.

Future pattern

The development of the speech therapy service in Buckinghamshire will largely depend on the ability to recruit and retain speech therapists in the face of a national shortage of these highly trained personnel. A number of factors have contributed to the present overall shortage. First there is the fairly recent development of the profession, which means that the total number who have qualified since 1947 is small. In addition, the national salary structure has hitherto been unsatisfactory and this has led to very few men entering the profession. The result is that the speech therapy service throughout the country relies almost entirely on women, the majority of whom are married and many of whom have young children. On the present salary scale there is no financial incentive for these women to work either whole-time or on a sessional basis, particularly when they have to pay someone else to care for their children in order to do so.

It is therefore clear that other incentives will be necessary to attract a sufficient number of speech therapists to work for the local authority and so ensure that a satisfactory service can be provided. These should include the best possible working conditions and an attractive career structure.

1. Staffing

To provide a satisfactory speech therapy service it is desirable to have in each of the four health areas a member of the staff who can assess priorities and act as the leader of the team of therapists, most of whom will work on a part-time basis. To assist in this the establishment should be increased to include a senior therapist in each area who would be expected to organise the service for that area as far as day-to-day work is concerned, but who would still spend the majority of her time in clinical work. It is, therefore, recommended that the establishment of speech therapists should be increased by two full-time posts of senior speech therapist in the financial year 1970-71 and that two further senior posts should be created subsequently so that each health area will ultimately have a senior speech therapist. The rest of the service would then depend mainly on the part-time employment of therapists of whom there are at present known to be 30 resident in Buckinghamshire.

The county senior speech therapist would continue to be responsible for co-ordinating the clinical, administrative and training policies of the speech therapy service of the county. These duties might reasonably justify placing her on the N.J.C. administrative and professional salary range, but in view of certain slightly more advantageous conditions of service associated with her present grading on the senior speech therapist's scale, the county senior speech therapist has requested that consideration of re-grading her post should be held in abeyance for the time being.

Mention has already been made of the hospital speech therapy service and of the fact that duplication of treatment may take place because of poor communications. Joint appointments between the hospitals and the local authrotity would, to a large extent, solve these problems. Appointments of this type should also be attractive to speech therapists because they would allow them to treat patients with a wider range of ages and speech disorders. For these reasons, the possibility of joint appointments with the hospital is at present being explored in the Aylesbury and Bletchley areas and the ultimate goal might well be to provide a unified speech therapy service in Buckinghamshire.

2. Accommodation

To provide a co-ordinated and flexible speech therapy service it is necessary for speech therapists to work from appropriate bases. Senior speech therapists should have office accommodation in the area offices where secretarial and clerical assistance are available.

It is also necessary to have a central treatment base in each area and it is anticipated that this will be provided in the future as an integral part of certain of the larger health centres. To allow for flexibility and the accommodation of group work there should be two rooms available at these centres for speech therapy, one of which will be required for permanent use by speech therapists. Apart from a central treatment base, suitable rooms should also be available for the use of speech therapists in other health centres or clinics.

It is also important for therapists to maintain a close link with teachers and schools, and where suitable accommodation is available in the schools assessment and treatment can be carried out there. In many schools, however, the accommodation which can be offered is unsuitable and where this is the case a mobile unit is one means of providing improved conditions for speech therapists whilst still allowing them to work in close co-operation with the teaching staff.

Mobile units used in conjunction with a treatment base in clinics or health centres appears to be the most satisfactory method of providing a flexible speech therapy service. It may therefore be necessary to consider the provision of another mobile unit once a more detailed assessment has been made of the value of the first unit.

3. Training

Every encouragement should continue to be given for speech therapists to attend refresher courses and conferences. Speech therapy is a field that has links with many other professions, and the opportunity to acquire knowledge over a wide field is essential if a therapist is to retain an interest in her profession and render a competent service to the community. In-service training and meetings of speech therapists working within the county should also be further developed for these provide a valuable means of improving communications.

Summary of recommendations

The following recommendations are made for the future development of the service:

Staffing

1. Provision should be made for the appointment of a senior speech therapist in each area. To achieve this the establishment of speech therapists in the county should be increased by two senior posts in 1970/71 and by a further two senior posts at a later stage.

2. Joint local authority and hospital appointments should be made wherever possible, with the eventual aim of providing a unified speech therapy service.

Accommodation

3. Special provision for speech therapists should be made in the larger health centres with the aim of providing central treatment clinics in all health areas.

4. Speech therapists should also have the use of rooms at other clinics and health centres on a sessional basis.

5. Following a more detailed assessment of the value of the mobile clinic, consideration should be given to the desirability of purchasing a second unit.

Training

6. The present policy of continuing training should be further developed.

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